

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000350**

1. Entity Name

OM FUND I PARTNERS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -7 AM 10:02

Principal Place of Business

**200 CRESCENT COURT, SUITE 1650
DALLAS TX 75201**

Mailing Address

**200 CRESCENT COURT, SUITE 1650
DALLAS TX 75201-1829**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2643276

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$88,545.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F97000003677**
NAME **OM, INC.**
STREET ADDRESS **200 CRESCENT COURT, SUITE 1650**
CITY-ST-ZIP **DALLAS TX 75201**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**OM, Inc., a Delaware Corporation,
Only Managers, Inc., for use in the
state of Florida.)**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

OM, Inc., a Delaware corporation, General Partner

SIGNATURE:

BSW/CURE FROM/REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice President,

06/07/2000

214-720-7800

Date

Daytime Phone #

CR2E003 (9/99)