2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

PAGELLIA FILED 03 JUN 20 PM 4: 07 DOCUMENT # B9700000350 1. Entity Name OM FUND I PARTNERS, L.P. Principal Place of Business Mailing Address 300 CRESCENT COURT, SUITE 500 **300 CRESCENT COURT, SUITE 500 DALLAS, TX 75201 DALLAS, TX 75201** 200021174382 06/27/03--01039--011 **926.25 2. Principal Place of Business 3. Mailing Address 5080 Spectrum Drive 5080 Spectrum Drive Suite, Apt. #, etc. Suite 1050 E Suite, Apt. #, etc. DUE BY MAY 1 2003 Suite 1050 E City & State City & State Applied For 4. FEI Number 75-2643276 Not Applicable <u>Addison, Texas</u> <u>Addison, Texas</u> Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 75001 75001 Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typou or printed name of registered expent and lide if applicable. CATE 11 MAKE CHECK PAYABLE TO FL. DEPT-OF STATE 10. Amount of Capital Contributions 9. Capital Contributions as Shown on record. \$674,108.00 in FLORIDA to date 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. F97000003677 CRZE003 (10/02) DOCUMENT (STREET ADDRESS OM, INC. 5080 Spectrum Drive, Suite 1050 E NAME 300 CRESCENT COURT, SUITE 500 STREET ADDRESS CITY-ST-ZIP Addison, Texas 75001 DALLAS, TX 75201 CITY -ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-2iP CITY-S1-212 DOCUMENT # STREET ADDRESS STREET ADDRESS C(1Y - ST - 2)F CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUTY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C(TY - 51 - 7)P CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

6-12-03

972-980-2200

Cavirne Phone #

SEE ATTACHED SIGNATURE PAGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

B97000000350

OM FUND I PARTNERS, L.P., a Texas limited partnership

By: OM, Inc., a Delaware corporation, its general partner

By:

Ron J. Hoyl Vice President

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