

**FILED**

**Apr 26, 2001 08:00 AM**

**Secretary of State**

DOCUMENT # **B97000000376**

1. Entity Name  
ISLA CARROLL FARMS, L.P.

Principal Place of Business	Mailing Address
1501 SEAMIST DRIVE	1501 SEAMIST DRIVE
HOUSTON TX 77008	HOUSTON TX 77008

2. Principal Place of Business	3. Mailing Address
5065 WESTHEIMER ROAD	5065 WESTHEIMER ROAD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
840	840

City & State	City & State
HOUSTON TX	HOUSTON TX

Zip	Country	Zip	Country
77056		77056	

4. FEI Number <b>76-0534353</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD WADE RP.A.  
350 ROYAL PALM WAY, SUITE 409

**PALM BEACH** **FL**  
**33480** **US**

Name

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

City	FL	Zip Code
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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 \_\_\_\_\_ DATE **04/26/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	7,045,000.00
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10. Amount of Capital Contributions  
in FLORIDA to date. 7,045,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	
NAME	ISLA CARROLL FARMS MANAGEMENT, L.L.C.
STREET ADDRESS	1501 SEAMIST
CITY-ST-ZIP	HOUSTON TX 77008

STREET ADDRESS	5065 WESTHEIMER ROAD, SUITE 840		
CITY-ST-ZIP	HOUSTON	TX	77056

DOCUMENT #  
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CITY-ST-ZIP

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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)(l), 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

**SIGNATURE:** BETSY ABELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MGRB 04/26/2001

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)