

2000 UNIFORM BUSINESS REPORT (UBR)

0014310 JU

DOCUMENT # B980000000034

1. Entity Name
CENTEX OFFICE SOUTHPOINTE I, L.P.

FILED *W 7/10*
00 JUL -5 PM 2:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**1201 HAYS STREET
TALLAHASSEE FL 32301**

Mailing Address
**P.O. BOX 199000
DALLAS TX 75219-9000**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2737269** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3000003321613--3
City **-07/13/00-FL1003-0002**
******526.25 ****526.25**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **11,786,404.71**

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 # F98000000285	NAME CDC GENERAL PARTNER, INC.	STREET ADDRESS	
STREET ADDRESS 2728 N. HARWOOD		CITY - ST - ZIP	3000003321613--3
CITY - ST - ZIP DALLAS TX 75201-1516			
DOCUMENT # M00000000785	NAME CENTEX OFFICE GENERAL PARTNER, LLC	STREET ADDRESS	
STREET ADDRESS 2728 N. HARWOOD		CITY - ST - ZIP	3000003321613--3
CITY - ST - ZIP DALLAS TX 75201-1516			
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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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *Jeff Amasue* **AVP of General Partner** **4/29/00** **(214) 481-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #