

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000123

1. Entity Name

LBVKS, L.P.

Principal Place of Business

Mailing Address

512 MAIN STREET, 13TH FLOOR
FORT WORTH TX 76102

512 MAIN STREET, 13TH FLOOR
FORT WORTH TX 76102-3907

2. Principal Place of Business

3. Mailing Address

512 MAIN STREET, SUITE 1011

512 MAIN STREET, SUITE 1011

Suite, Apt. #, etc.
SUITE 1011

Suite, Apt. #, etc.
SUITE 1011

City & State

City & State

FORT WORTH, TX 76102

FORT WORTH, TX 76102

Zip

Country

Zip

Country

76102

UNITED STATES

76102

UNITED STATES

4. FEI Number

75-2464992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

\$6,346,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

6,346,000.00

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 # F98000001121
NAME LBVKS MANAGEMENT COMPANY, INC.
STREET ADDRESS 512 MAIN STREET, 13TH FLOOR
CITY - ST - ZIP FORT WORTH TX 76102

STREET ADDRESS 512 MAIN STREET, SUITE 1011
CITY - ST - ZIP FORT WORTH, TX 76102

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

300003268649--6
-05/26/00--01073--023

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

***526.25 ***526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

MARK STAFFORD

4/24/00

817-332-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



DO NOT WRITE IN THIS SPACE