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LBVKS, L.P.					FI	LED	D,	í	Π.	
Principal Place of Business Mailing Address					JAN	31 #11:08	$\sim$			
512 MAIN STREET. SUITE 1011 512 MAIN STREET. SUITE 1 FORT WORTH TX 76102 FORT WORTH TX 76102			OI SE TAI	JAN CRET LLAHA	RY OF STATE					
Principal Place of Business     3. Mailing Address				_			II <b>Baig</b> h II <b>aia</b> Isaaa (iik ) <b>aa</b> i			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u></u>	DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		·	4. FEI Number 75-24649	92	Applied For Not Applicat	ole	
Zip	Country	Zip	Count	ry		5. Certificate of Status Desire		8.75 Additional ee Required	7	
	6. Name and Address of Curre	ent Registered Agent				7. Name and Address of Ne			⇉	
		<del></del>		Name						
	PORATION SYSTEM  ITH PINE ISLAND ROAD	valuence in the same of the		Street A	ddress (	P.O. Box Number is Not Accept	able)	<del></del>	7	
	ON FL 33324		Ì						$\dashv$	
10000	511 1 C 5552 1			City	<del>-</del>	·	FL	Zip Code	$\dashv$	
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										
9. Capital Contributions as Shown on record.  \$6,346,000.00  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION									$\dashv$	
	A GENERAL PARTNE	R THAT IS A BUSINESS E	NTITY M	JST BE	REGIST	ERED AND ACTIVE WITH t must be filed to change a	THIS OFFICE.	ner.		
12.		NER INFORMATION	13.				CHANGES ONL		╛.	
DOCUMENT # NAME		S MANAGEMENT COMPANY, INC.		ET ADDRESS		3000			R2E003 (11/00)	
STREET ADDRÉSS CITY-ST-ZIP	512 MAIN STREET, SUITE 101 FORT WORTH TX 76102		CITY-	ST-ZIP			06/01-0	1113020	, E003	
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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: MORAL OF PRINTED NAME OF SIGNING GENERAL PARTNER  Date Daylime Phone #										