2000 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam		# B9800	0000256								
GOVERNOR'S SQUARE ASSOCIATES, LTD.							FILED				
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Principal Place of Business Mailing Address											
10670 NORTH CENTRAL EXPRESSWAY. SUITE 600 10670 NORTH CENTRAL DALLAS TX 75231 DALLAS TX 75231-2111					WAY, SUITE 600		SECRETARY OF STATE				
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2. National Disease of Duplesco											
2. Principal Place of Business 3. Mailing Address						110000					
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number	Not Applicable				
Zip Country			Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					Nomo	7. Name and	7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM					the same a sure of the same of				<u></u>		
		SLAND ROAD			Street Addres	s (P.O. Box Number	is Not Acceptable)				
PLANTATI	ON FL 333	324	City City FL Zip Code Dis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Sof registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$10.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION								
					City			FL	Zip Code		
8. The above	named entit	ty submits this statement for	r the purpose of changing i	ts register	ed office or regis	tered agent, or both	i, in the State of Florida				
SIGNATURE .	Signature hyper	to printed name of registered agents	and title if anningable (NC	TF: Benistere	d Agent signature requi	ired when reinstating)		DATE			
9. Capital Co	ntributions	· · · · · · · · · · · · · · · · · · ·	10. Amount of Cap	FILED OD MAY 15 PM 4: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA Imp Address DO NOT WRITE IN THIS SPACE Setate DO NOT WRITE IN THIS SPACE Setate Country Setate A. FEI Number DO NOT WRITE IN THIS SPACE Setate Country S. Certificate of Status Desired Setate Country Setate of Status Desired Proceed Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Do Amount of Capital Contributions In FLORIDA to date. BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e changed on the form; an amendment must be filled to change a general partner. ATION 13. SIRETACRESS CITY-ST-ZP SIRETACRESS							
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3.8	NOTE	: General Partners MA	Y NOT be changed on	the form	; an amendme	ent must be filed	to change a gener	al partn	er.		
DOCUMENT#	F9800000		RINFORMATION				ADDRESS CHAIRC	ES UNLI			
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indicated	on this repo	ort is true and accurate and	that my signature shall hav	e the sam	e legal effect as i	Section 119.07(3)(i f made under oath;), Florida Statutes. I fur that I am a General Pa	ther certify rtner of th	y that the information e limited partnership or		
		010000	Martin Com			ı	1-12-20	\ 1	On Ilman		
SIGNAT	URE: _	SIGNA SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENE	RAL PARTN	ER		Date Date	<u> </u>	time Phone #		
		Obert	orida Par	thers	Secreta	<u>. </u>					