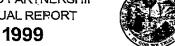
## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT



empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_\_

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE DIVISION OF CORPORATIONS

				) JAN -6	PMI		
Name of Limited Partnership	1a. DOCUMENT # B98000000415			75 SAN -L	111 (	· 48	
AUTOZONE TEXAS, L.P.				3, Date Formed or Registered			
Mailing Address	Principal Office Address	Principal Office Address			5a. Capita	l Contributions as n on record.	
123 SOUTH FRONT STREET MEMPHIS TN 38103	123 SOUTH FRONT STREET MEMPHIS TN 38103			06/24/1998 3a. Date of Last Report \$34,000,000.00		00,000.00	
				4. State or Country of Formation	5b. Amou Contri	nt of Capital butions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Sulte, Apt. #, etc.			. <u> </u>	Applied For	
City & State	City & State			- LOG - ILOI I Not Applicable			
Zip Country	Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required			
				8 Make check payable to: Dept. of St	ate (See reve	se side for fee information)	
9 Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
C T CORPORATION SYSTEM		Name					
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324		Suite, Apt. #, etc.					
		City			Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or ragent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Flori of section 620.192, Florida Statutes.	da. Such chang	je was auth	orized by its general partner(s). I hereby	accept the ap	pointment of registered	
A GENERAL PARTNER THAT MUS	IS A CORPORATION, L T BE REGISTERED AN	IMITED D ACTIV	PART E WIT	NERSHIP OR OTHER TH THIS OFFICE.	R BUSII	NESS ENTITY	
11. Name(s) of General Partner(s)		11a. (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c.	Registration/ Document Number	
AUTOZONE, INC.	123 SOUTH FRONT STR	123 SOUTH FRONT STREE		MEMPHIS TN 38103		P37461	
q				200002 <sup>-</sup> -01/22/ ****52	750: 7990: 26.25	3025 1005007 ****526.25	
►							
Note: General partners MAY NOT	be changed on this form	n; an ame	endme	nt must be filed to char	nge a ge	eneral partner.	
<ol> <li>I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign.</li> </ol>	Section 119.07(3)(k) in the event that the inf	formation suppli	ied Is de <del>e</del> m	ed exempt from public access. I further o	ertify that the	information indicated on	