


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 JAN 21 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| DOCUMENT # B98000000415                |  |  |
| 1. Entity Name<br>AUTOZONE TEXAS, L.P. |  |   |

|  |   |
|--|---|
| Principal Place of Business<br>123 SOUTH FRONT STREET<br>MEMPHIS, TN 38103 | Mailing Address<br>P.O. BOX 2198<br>DEPT. #8088<br>MEMPHIS, TN 38101-9842 |
|--|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01082004 Chg-LP CR2E003 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>62-1611061 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                               |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |
|--|---|
| 9. Capital Contributions as Shown on record. \$34,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. 0 |
|--|---|

**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 #                      | P37461                 | STREET ADDRESS           | 500027364995                  |
| NAME                            | AUTOZONE, INC.         | CITY-ST-ZIP              | 01/21/04--01087--009 **141.25 |
| STREET ADDRESS                  | 123 SOUTH FRONT STREET | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     | MEMPHIS, TN 38103      | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                        | STREET ADDRESS           |                               |
| NAME                            |                        | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                        | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                        | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                        | STREET ADDRESS           |                               |
| NAME                            |                        | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                        | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                        | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                        | STREET ADDRESS           |                               |
| NAME                            |                        | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                        | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                        | 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: (LARRY HARDY)  01/15/04 (901) 495-7079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE