

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000421

1. Entity Name

ARCHON FINANCIAL, L.P.

FILED

00 JAN 24 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
600 EAST LAS COLINAS BLVD., SUITE 800 600 EAST LAS COLINAS BLVD., SUITE 800  
IRVING TX 75039 IRVING TX 75039-5632

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 75-2734177 Applied For Not Applicable

5. Certificate of Status Desired XX \$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. \$0.00 10. Amount of Capital Contributions in FLORIDA to date. \$0.00 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 # NAME STREET ADDRESS CITY - ST - ZIP  
ARCHON FINANCIAL, LLC  
600 EAST LAS COLINAS BLVD., SUITE 800  
IRVING TX 75039

STREET ADDRESS CITY - ST - ZIP  
400003118064--5  
-02/01/00--01057--003  
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Archon Financial, LLC  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-18-2000 (972) 501-3904

Date Daytime Phone #