

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000536**

1. Entity Name
BRIDGESIDE PLACE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 29 PM 1:58



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8411 PRESTON ROAD, SUITE 600
DALLAS TX 75225

Mailing Address
8411 PRESTON ROAD, SUITE 600
DALLAS TX 75225-5523

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **75-2778792**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$441,005.40**

10. Amount of Capital Contributions in FLORIDA to date.

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	F95000005779 LUBAR CORP. 8411 PRESTON ROAD, SUITE 600 DALLAS TX 75225	STREET ADDRESS CITY - ST - ZIP	200003313862--7 -07/05/00--01111--005 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	200003313862--7 -07/05/00--01111--006 ****400.00 ****400.00
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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: *Eliot B. Barnett* Pres. of G.P. **6/28/00** 214/369-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #