

2002 UNIFORM BUSINESS REPORT (UBR)

0016997 AT

DOCUMENT # B98000000710

1. Entity Name
CIN RIVER BRIDGE, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 AM 11:37

Principal Place of Business
2100 MCKINNEY AVENUE, SUITE 700
DALLAS TX 75201

Mailing Address
2100 MCKINNEY AVENUE, SUITE 700
DALLAS TX 75201



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2794007	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,690,446.53	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	M98000001550 CIN RIVER BRIDGE GP, L.L.C. 2001 ROSS AVENUE, SUITE 3200 DALLAS TX 75201	STREET ADDRESS CITY-ST-ZIP	9000005677349--3 -06/04/02--01050--002 ***526.25 ***526.25
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CIN RIVER BRIDGE, L.P.,
a Delaware limited partnership

By: CIN River Bridge GP, LLC,
a Delaware limited liability company

Its: ~~Manager~~ general partner

By: InvestCenter II, L.L.C.,
a Delaware limited liability company

Its: Manager

By: Robert A. McClain

Its: Representative

14. I hereby certify that the information indicated on this report is true and correct to the best of my knowledge and belief.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date APR 23 2002 Daytime Phone # 214/661-8000

CR2E003 (9/01)