

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001213 AT

DOCUMENT # B98000000710

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

FILED

03 APR -9 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
2100 MCKINNEY AVENUE, SUITE 700  
DALLAS TX 75201Mailing Address  
2100 MCKINNEY AVENUE, SUITE 700  
DALLAS TX 75201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City &amp; State

City &amp; State

4. FEI Number 75-2794007

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

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # M98000001550  
NAME CIN RIVER BRIDGE GP, L.L.C.  
STREET ADDRESS 2001 ROSS AVENUE, SUITE 3200  
CITY-ST-ZIP DALLAS TX 75201STREET ADDRESS 2100 M<sup>C</sup> Kinney Ave, Ste. 700  
CITY-ST-ZIP Dallas, TX 75201DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPSTREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPSTREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPSTREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPSTREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPSTREET ADDRESS  
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

By: CIN River Bridge GP, LLC, Its: GP

By: InvestCenter III, LLC, Its: Manager

SIGNATURE:

SIGNATURE REQUIRED

4-4-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Robert A. McCain, Representative, Venture Manager

Date

Daytime Phone # 214-661-8000

CR2E003 (10/02)