

DOCUMENT # B990000000 91

Entity Name

TREASURES HOLD CO, L.P.

B99000000091

FILED

00 NOV 16 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5710 LBJ FREEWAY, STE 328  
DALLAS TX 75240

Mailing Address  
5710 LBJ FREEWAY STE 328  
DALLAS TX 75240

9/29/00

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number  
75-2804929  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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.

SIGNATURE Cornelia Pagan (NOTE: Registered Agent signature required when reinstating) DATE 11-16-00

9. Capital Contributions as Shown on record. 1000. 10. Amount of Capital Contributions in FLORIDA to date. 1000.

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                     |   |
|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | F99000001048<br>TREASURES GENERAL PARTNER INC,<br>5710 LBJ FREEWAY, SUITE 328<br>DALLAS, TX 75240 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           | 100003479831-3                                 |
| CITY-ST-ZIP              | -11/29/00--01045--022<br>****650.00 ****650.00 |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              | Adm 500.00                                     |
| STREET ADDRESS           | AR 52.50                                       |
| CITY-ST-ZIP              | AR/UPA 88.75                                   |
| STREET ADDRESS           | cus 8.75                                       |
| CITY-ST-ZIP              | 650.00   |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |

REINSTATEMENT 2000

(M)(C)

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: \_\_\_\_\_ Date 11/14/2000 Daytime Phone # \_\_\_\_\_

CR2E003 (9/99)