UNIFORM BUSINESS REPORT (UBR)									
DOCUMENT # B9900000207 1. Entity Name GARDEN WESTWOOD, L.P.							FILE 03 MAR 24 AI		
Principal Place of Business 1800 VALLEY VIEW DALLAS TX 75234			Mailing Address 1800 VALLEY VIEW DALLAS TX 75234			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business			3. Mailing Address					14NY 64NN 1 6NN 119N 119N 18NN 1809 18 9 N	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State			City & State			4. FEI Number	75-2826936	Applied For Not Applicable	
Zip	Country	Zi	Zip Count		try	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registe	ered Agent				Address of New Register		
C T COD	DODATION CVOTEM		<u> </u>	~~~~	-Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (I	ess (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324									
					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.									
9. Capital Contributions as Shown on record. \$0.00 as Shown on record.				ite.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER NOTE: General Partners M.								
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY			
DOCUMENT / NAME STREET ADDRESS	EQK HOLDINGS, INC.			STRE	STREET AODRESS				
CITY-ST-ZIP	DALLAS TX 75234			CITY-	-ST-ZIP				
DOCUMENT # NAME				STRE	ET ADDRESS		0011445 0301054001		
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OOCUMENT # NAME				STRE	ET ADDRESS				
-Street Address City-St-Zip			·······	CITY-	-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP	s !				-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP				
14 I hereby c	certify that the information supplied with	h this filin	no does not qualify for	the ever	nntion stated in Ser	ction 119 07/3)/i)	Florida Statutes, I further	cortify that the information	

4. 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:

NATURE REQUIRED, ROBERT A. Walding of Nature and Typed or Printed Name of Signing General Partner Science 24 of Cap Date

469-522-4369

Daytime Phone #