

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # B99000000422**

1. Entity Name  
**AUSTIN COMMERCIAL, LP**



Principal Place of Business  
**3535 TRAVIS STREET, SUITE 300  
DALLAS, TX 75204**

Mailing Address  
**TAX DEPARTMENT  
P.O. BOX 1590  
DALLAS, TX 75221-1590**



03282007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-2846906**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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 # **F94000006284**  
NAME **AUSTIN COMMERCIAL, INC.**  
STREET ADDRESS **3535 TRAVIS STREET, SUITE 300**  
CITY-ST-ZIP **DALLAS, TX 75204**

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U00000752834  
05/21/07-80032-011 500.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**ALAN STAKEM**

**4/26/07**

**Date**

**214-443-5300**

**Daytime Phone #**

STAPLE CHECK HERE