

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000455

1. Entity Name
J. & M. BARRETT FAMILY PARTNERSHIP, LIMITED

Principal Place of Business
5204 Wesley
Greenville Tx
75402

Mailing Address
5204 Wesley
Greenville Tx
75402

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

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

City & State

Zip **Country**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -7 PM 1:33 *mf*

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record 437,373.74

10. Amount of Capital Contributions in FLORIDA to date. 0

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	Barrett, Drew <i>Incorrect</i>	STREET ADDRESS	700003297737--6
NAME	3024 Hanover <i>Delete</i>	CITY-ST-ZIP	-06/20/00--01079--002
STREET ADDRESS	Dallas TX 75225		****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #	Barrett, Martha <i>Incorrect</i>	STREET ADDRESS	
NAME	3024 Hanover <i>Delete</i>	CITY-ST-ZIP	
STREET ADDRESS	Dallas TX 75225		
CITY-ST-ZIP			
DOCUMENT #	HMB Land, Inc. <i>OK</i>	STREET ADDRESS	
NAME	5204 Wesley	CITY-ST-ZIP	
STREET ADDRESS	Greenville Tx 75402		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET 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

SIGNATURE *(X) Drew Barrett* **Date** April 28, 2000 **Daytime Phone #**

CR2E003 (9/9/93)