FILED
Mar 20, 2007 8:00 am
Secretary of State
03-20-2007 90013 042 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000004998

1. Entity Name
ASG GENERAL PARTNER, INC.

40038959

Principal Place of Business	Mailing Address
7801 NORTH CAPITAL OF TEXAS HWY SUITE 300 AUSTIN, TX 78731	7801 NORTH CAPITAL OF TEXAS HWY SUITE 300 AUSTIN, TX 78731

DO NOT WRITE IN THIS SPACE

02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
76-0385312
☐ 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

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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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	SANDERS, WILLIAM C JR
STREET ADDRESS	1650 TYSONS BLVD., SUITE 565
CITY-ST-ZIP	MC LEAN, VA 22102
TITLE	VS
NAME	BROWNE, TERENCE
STREET ADDRESS	7801 NORTH CAPITAL OF TEXAS HWY, SUITE 300
CITY-ST-ZIP	AUSTIN, TX 78731
TITLE	D
NAME	ALAN, GILBERT
STREET ADDRESS	124 WEST PUTNAM AVENUE, 2ND FLOOR
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	PD
NAME	DOBSON, SEAN
STREET ADDRESS	7801 NORTH CAPITAL OF TEXAS HWT, SUITE 300
CITY-ST-ZIP	AUSTIN, TX 78731
TITLE	V
NAME	GORMAN, STEVEN M
STREET ADDRESS	7801 NORTH CAPITAL OF TEXAS HWY, SUITE 300
CITY-ST-ZIP	AUSTIN, TX 78731
TITLE	VS
NAME	SULLIVAN, MICHAEL A
STREET ADDRESS	7801 N. CAPITAL AT 7TH HWY. STE 300
CITY-ST-ZIP	AUSTIN, TX 78731

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-21-07 512-342-3021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #