

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90188 011 \*\*\*150.00

<b>DOCUMENT # F01000003983</b> 1. Entity Name <b>WEST PORT COLONY APARTMENTS, INC.</b>					
Principal Place of Business <b>13155 NOEL RD. STE. 500 DALLAS, TX 75240</b>			Mailing Address <b>13155 NOEL RD. STE. 500 DALLAS, TX 75240</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be            Added to Fees         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FARMER, DAVID N</b> <b>13155 NOEL RD., THREE GALLERIA TOWER #500</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>RAGSDALE, RONALD L</b> <b>13155 NOEL RD., THREE GALLERIA TOWER #500</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>Ragsdale, Ronald L.</b> <b>13155 Noel Rod., Three Galleria Twr., Ste 500</b> <b>Dallas, TX 75240</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>KIRBY, MICHAEL</b> <b>13155 NOEL RD., THREE GALLERIA TOWER #500</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIDLEY, DAVID A</b> <b>13155 NOEL RD., THREE GALLERIA TOWER #500</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>HOPKINS, ROCKWELL</b> <b>13155 NOEL RD., THREE GALLERIA TOWER #500</b> <b>DALLAS, TX 75240</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>Johnson, Kevin</b> <b>13155 Noel Rd., Three Galleria Twr., Ste 500</b> <b>Dallas, TX 75240</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TAS</b> <b>GREEN, TRACY</b> <b>13155 NOEL RD., THREE GALLERIA TOWER #500</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		Tracy Green		4/11/06 (972) 715-7400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40066516



04112006 Chg-P CR2E034 (11/05)

4. FEI Number  
**25-2949375**

Applied For  
☐ Not Applicable

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