## **2003 FOR PROFIT CORPORATION**

UN	IFORM BUSINE	<u>SS REPO</u>	RT (	UBR)			Apr 13			
DOCUMENT # F0100003983  1. Entity Name WEST PORT COLONY APARTMENTS, INC.						Secretary of State 04-15-2003 90097 022 ***150.00				
Principal Place of Business C/O INVESCO INC. 5400 LBJ FREEWAY. LB 2. SUITE 700 DALLAS TX 75240		Mailing Address C/O INVESCO INC. 5400 LBJ FREEWAY, LB 2, SUITE 700 DALLAS TX 75240				ill				
2. Principal f	Place of Business	3. Mailing Address								
Suite, Apt	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State				4. FEI Number 25-2949375 Applied For Not Applicable				
Zip Country		Zip Ci		Country		5. Certific	eate of Status Desire	, p	8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent				7. Name a	and Address of Nev		<u>-</u>	
	The second secon		- +	Name "		· : :		ಮಾಗ್ಯಕ್ಕಾಗಿ ಮಾಹ್ಯವಾಗ್ ಮ		-
CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET, LOWER LEVEL				Street Address (P.O. Box Number is Not Acceptable)				ble)		
TALLAHASSEE FL 32301										
				City				FL	Zip Cod	e
8. The above the obligated SIGNATURE	e named entity submits this statement for the lions of registered agent.			red office or				Florida. I am far DATE	niliar with,	and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						9.	Election Campaign Trust Fund Contribu			May Be to Fees
10.	OFFICERS AND D		11.	· · · · · · · · · · · · · · · · · · ·		ADDITION	NS/CHANGES TO C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARMER, DAVID N 5400 LBJ FREEWAY, LB2, SUITE 7 DALLAS TX 75240	Delete			4500	AS hris Young 500 LBJ Freeway; LB2 allas, Texas 75240			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete AGSDALE, RONALD L 100 LBJ FREEWAY, LB2, SUITE 700 ALLAS TX 75240		NAM STR	TITLE NAME STREET ADDRESS CITY-ST-ZIP		143, 10	- AdS 73_240	C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KIRBY, MICHAEL 5400 LBJ FREEWAY, LB2, SUITE 7 DALLAS TX 75240	Delete					يستند بنو - ۱۹۹۰ ر		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BOIKO, TERRELL 5400 LBJ FREEWAY, LB2, SUITE 7 DALLAS TX 75240	LBJ FREEWAY, LB2, SUITE 700		.E Me IEET ADDRESS Y-ST-ZIP		-		[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS JOHNSON, KEVIN 5400 LBJ FREEWAY, LB2, SUITE 79 DALLAS TX 75240	□ Delete						Г	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KITTLES, SALLY 5400 LBJ FREEWAY, LB2, SUITE 70	☐ Delete							Change	☐ Addition

12. 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 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 in address, with all other like empowered.

**SIGNATURE:** 

DO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

972-715-7400 Daytime Phone #