


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000005529

1. Entity Name
STONERSIDE STABLE GP, INC.



Principal Place of Business 4400 POST OAK PKWY STE 1400 HOUSTON, TX 77027 US	Mailing Address 4400 POST OAK PKWY STE 1400 HOUSTON, TX 77027 US
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0428539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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. (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 NAME STREET ADDRESS CITY-ST-ZIP	CD MCNAIR, ROBERT C 4400 POST OAK PKWY, STE 1400 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUSSLER, MARCUS R 4400 POST OAK PKWY, STE 1400 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENDRIGAN, JAMES M 4400 POST OAK PKWY, STE 1400 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCNAIR, JANICE S 4400 POST OAK PKWY, STE 1400 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/07-80053-013 150.00

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IN THIS SPACE**

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: *[Signature]* VP Date: 1/16/07 713 9367833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #