

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90037 004 \*\*\*150.00

|                                                                                         |                                                                             |                                                                                   |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F97000003826</b>                                                          |                                                                             |  |
| 1. Entity Name<br>ADDISON PLACE APARTMENTS, INC                                         |                                                                             |                                                                                   |
| Principal Place of Business<br>5400 LBJ FREEWAY LB 2 LINCOLN CENTRE<br>DALLAS, TX 75240 | Mailing Address<br>5400 LBJ FREEWAY LB 2 LINCOLN CENTRE<br>DALLAS, TX 75240 |                                                                                   |
| 2. Principal Place of Business                                                          | 3. Mailing Address                                                          |                                                                                   |

04013547



13155 Noel Rd., Three Galleria Tower Ste. 500  
Dallas, TX 75240

01262004 Chg-P CR2E034 (10/03)

4. FEI Number  
75-2717212

Applied For  
Not Applicable

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

|                                                                                                                                  |  |                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                      |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FARMER, DAVID N<br>5400 LBJ FREEWAY, LB2<br>DALLAS, TX 75240 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 13155 Noel Rd., Three Galleria Tower<br>Ste. 500<br>Dallas, TX 75240 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RIDLEY, DAVID A<br>5400 LBJ FREEWAY, LB2<br>DALLAS, TX 75240 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 13155 Noel Rd., Three Galleria Tower<br>Ste. 500<br>Dallas, TX 75240 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>RAGSDALE, RONALD<br>5400 LBJ FREEWAY, LB2<br>DALLAS, TX 75240 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 13155 Noel Rd., Three Galleria Tower<br>Ste. 500<br>Dallas, TX 75240 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>JOHNSON, KEVIN<br>5400 LBJ FREEWAY, LB2<br>DALLAS, TX 75240 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 13155 Noel Rd., Three Galleria Tower<br>Ste. 500<br>Dallas, TX 75240 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>KIRBY, MICHAEL<br>5400 LBJ FREEWAY, LB2<br>DALLAS, TX 75240 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 13155 Noel Rd., Three Galleria Tower<br>Ste. 500<br>Dallas, TX 75240 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TAS<br>YOUNG, CHRIS<br>4500 LEJ FREEWAY LB2<br>DALLAS, TX 75240 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 13155 Noel Rd., Three Galleria Tower<br>Ste. 500<br>Dallas, TX 75240 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Kirby

Date

1/29/04

Daytime Phone #

92-715-740