2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M0000000785

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90139 043 ****50.00

1. Entity Nam	OFFICE GENERAL PARTN					
Principal Place of Business		Mailing Address			24063908	
2728 N. HARWOOD STREET DALLAS, TX 75201-1591		2728 N. HARWOOD STREET DALLAS, TX 75201-1591			***	
2. Principal Place of Business		3. Mailing Address				
a. Francipal Flace Of Dusiness		PO BOX 199000]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262004 Chg-LLC CR2E083 (10/03)	
City & State		City & State DALLAS, TX			4. FEI Number Applied For 75-2838705 Not Applicable	
Zip	Country	Zip 75219	Country USA		5. Certificate of Status Desired Sta	
	6. Name and Address of Current	Registered Agent	ered Agent Name		7. Name and Address of New Registered Agent	
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525		Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent. Iling Fee is \$50.00 ue by May 1, 2004		registered office of the control of		ered agent, or both, in the State of Florida. I am familiar with, and accepted when reinstating) DATE Make check payable to Florida Department of State	
9.	MANAGING MEMBE	DO (MANACEDO	F 40	<u>-</u>	ADDITION OF ANCES	
TITLE	MANAGING MEMBE		10.	MGR	ADDITIONS/CHANGES ☐ Change ☑ Additio	
NAME	WEINBERG, STEPHEN M	☐ Delete	NAME			
STREET ADDRESS CITY-ST-ZIP	2728 N. HARWOOD STREET DALLAS, TX 752011591		STREET ADDRESS CITY-ST-ZIP	2728	MAN, TODD D. B N HARWOOD STREET LAS, TX 75201	
TITLE	MGP		TITLE	1		

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TITLE □ Delete TITLE Addition DECKER, RICHARD C NAME NAME 2728 N. HARWOOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TX 752011591 CITY-ST-ZIP MGR Detete TITLE Change ☐ Addition REED, JOEL S NAME NAME STREET ADDRESS 2728 N. HARWOOD STREET STREET ADDRESS CITY-ST-ZIP DALLAS, TX 752011591 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Lyle 6. Stores