


FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002594 1. Entity Name SRI GENERAL PARTNER LLC		Secretary of State 																																																
Principal Place of Business 10201 MAIN STREET HOUSTON, TX 77025		Mailing Address 10201 MAIN STREET HOUSTON, TX 77025																																																
DO NOT WRITE IN THIS SPACE		 03052004 No Chg-LLC CR2E083 (10/03)																																																
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number NOT APPLICABLE</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table> <div style="text-align: center; font-size: 24pt; font-weight: bold; margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div>	4. FEI Number NOT APPLICABLE	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																													
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																																																		
Filing Fee is \$50.00 Due by May 1, 2004																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>SCARBOROUGH, JAMES</td></tr><tr><td>STREET ADDRESS</td><td>10201 MAIN STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>HOUSTON, TX 77025</td></tr><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>MCCREERY, MICHAEL</td></tr><tr><td>STREET ADDRESS</td><td>10201 MAIN STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>HOUSTON, TX 77025</td></tr><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>LUCAS, RON</td></tr><tr><td>STREET ADDRESS</td><td>10201 MAIN STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>HOUSTON, TX 77025</td></tr><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>CRUSE, ERNEST</td></tr><tr><td>STREET ADDRESS</td><td>10201 MAIN STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>HOUSTON, TX 77025</td></tr><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>ABRAMCZYK, DENNIS</td></tr><tr><td>STREET ADDRESS</td><td>10201 MAIN STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>HOUSTON, TX 77025</td></tr><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>BAKER, VIVIAN</td></tr><tr><td>STREET ADDRESS</td><td>10201 MAIN STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>HOUSTON, TX 77025</td></tr></table>		TITLE	MGR	NAME	SCARBOROUGH, JAMES	STREET ADDRESS	10201 MAIN STREET	CITY- ST- ZIP	HOUSTON, TX 77025	TITLE	MGR	NAME	MCCREERY, MICHAEL	STREET ADDRESS	10201 MAIN STREET	CITY- ST- ZIP	HOUSTON, TX 77025	TITLE	MGR	NAME	LUCAS, RON	STREET ADDRESS	10201 MAIN STREET	CITY- ST- ZIP	HOUSTON, TX 77025	TITLE	MGR	NAME	CRUSE, ERNEST	STREET ADDRESS	10201 MAIN STREET	CITY- ST- ZIP	HOUSTON, TX 77025	TITLE	MGR	NAME	ABRAMCZYK, DENNIS	STREET ADDRESS	10201 MAIN STREET	CITY- ST- ZIP	HOUSTON, TX 77025	TITLE	MGR	NAME	BAKER, VIVIAN	STREET ADDRESS	10201 MAIN STREET	CITY- ST- ZIP	HOUSTON, TX 77025	<div style="text-align: center; font-size: 18pt; margin-bottom: 20px;">000000093009 03/19/04-80031-022 50.00</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
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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.																																																		
<table style="width: 100%;"><tr><td style="width: 35%;">SIGNATURE: </td><td style="width: 35%; text-align: center;">RICHARD STASYSZEN, MGR</td><td style="width: 30%; text-align: right;">3-12-04 (713) 667-5601</td></tr><tr><td colspan="3" style="font-size: 10pt; text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</td></tr></table>			SIGNATURE: 	RICHARD STASYSZEN, MGR	3-12-04 (713) 667-5601	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE																																												
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