


Form 804 (Revised 11/12)	 <p style="text-align: center;">Periodic Report of a Limited Partnership</p>	This space reserved for filing office use.
Submit in duplicate to: Secretary of State Reports Unit P.O. Box 12028 Austin, TX 78711-2028 Phone: (512) 475-2705 FAX: (512) 463-1423 Dial: 7-1-1 for Relay Services Filing Fee: See Instructions		

File Number: _____

1. The name of the limited partnership is: *(A name change requires an amendment; see Instructions)*

2. It is organized under the laws of: *(Set forth state or foreign country)* _____

3. The name of the registered agent is:

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The registered agent is an individual resident of the state whose name is:

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>
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4. The registered office address, which is identical to the business address of the registered agent in Texas, is:
(Only use street or building address; see Instructions)

	TX			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	

5. The address of the principal office in the United States where the records are to be kept or made available is: *(Only use street or building address; see Instructions)*

	USA			
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

6. The names and addresses of all general partners of the limited partnership are: *(Address changes are allowed; additions or deletions of general partners, or a name change of an existing general partner require an amendment; see Instruction 6.)*

NAME AND ADDRESS OF GENERAL PARTNER (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>	
OR				
IF ORGANIZATION				
<i>Organization Name</i>				
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

NAME AND ADDRESS OF GENERAL PARTNER (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>	
OR				
IF ORGANIZATION				
<i>Organization Name</i>				
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i> <i>Country</i>

NAME AND ADDRESS OF GENERAL PARTNER (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>	
OR				
IF ORGANIZATION				
<i>Organization Name</i>				
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i> <i>Country</i>

Execution:

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: _____

Signed on behalf of the limited partnership

By (general partner)