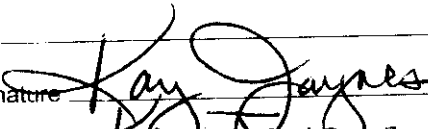


No. J 983	Due no later than November 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CERTIFIED RECOVERY SYSTEMS LLP 7207 REGENCY SQUARE STE 100 HOUSTON, TX 77036		LEXISNEXIS DOCUMENT SOLUTIONS 1401 SHORELINE DRIVE STE 2 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Partnerships: No further information is required. <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="height: 200px;"></td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
5. Organized Under the Laws of: TEXAS J 983		6. Signature  <small>(Typed or Printed)</small> Name Kay Jaynes Date 9/15/04 Title Partner														