


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # F98000001718	
1. Entity Name SLC Pinecrest, Inc.	

2005 FEB 16 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5102 West Laurel Street Suite, Apt. #, etc. Suite 700 City & State Tampa, FL Zip 33607 Country USA	3. Mailing Address T Veneracion 1050 Connecticut Ave. Suite, Apt. #, etc. 1050 Connecticut Ave City & State Washington D.C. Zip 20036 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4219960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable)	
1200 South Pine Island Road	
City Plantation	FL Zip Code 33324

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.

900046788449
02/17/05--01014--015 **150.00

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name change)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00. Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Rothenberg, Stuart M. 85 Broad Street New York, NY 10004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Thilo D. Best 5102 West Laurel Street Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICFO Jon A. DeLuca 5102 West Laurel Street Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Patrick Tribolet 100 Crescent Court, Suite 1000 Dallas, TX 75201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas D. Ferguson 100 Crescent Court, Suite 1000 Dallas, TX 75201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Josephine Scesney 85 Broad Street New York, NY 10004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 supplement thereto 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 on an attachment with an address, with all other, as empowered.

SIGNATURE: _____ DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

