


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90056 028 \*\*\*\*50.00

<b>DOCUMENT # M02000000715</b>	
1. Entity Name CMCP-ISLAND LAKE, LLC	

Principal Place of Business 8401 N. CENTRAL EXPRESSWAY SUITE 800 DALLAS, TX 75225	Mailing Address 8401 N. CENTRAL EXPRESSWAY SUITE 800 DALLAS, TX 75225
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43060473



**DO NOT WRITE IN THIS SPACE**

07062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1421090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL-CORPORATE SERVCIES, INC.  
 1333 NORTH DUVAL ST.  
 TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REINSCH, PHILLIP A 8401 N: CENTRAL EXPRESSWAY DALLAS, TX 75225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBS, ANDREW F 8401 N: CENTRAL EXPRESSWAY DALLAS, TX 75225
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Andrew F. Jacobs ANDREW F. JACOBS 7-9-04 214-874-2382  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #