2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M0200000716 1. Entity Name CMCP-PINECASTLE, LLC						07-13-2004	90056 027 ****	50.00	
Principal Place of Business Mailing Address					┤ ,	14025474			
8401 N. CENTRAL EXPRESSWAY Suite 800 Dallas, TX 75225		8401 N. CENTRAL EXPRESSWAY SUITE 800 DALLAS, TX 75225				f.	IIARI III IAAI		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062004 (Chg-LLC	CR2E083 (10/03)			
City & State		City & State		4. FEI Number 37-142109	94	· · · · · ·	pplied For ot Applicable		
Zip	Country	Zip Country		try	5. Certificate of S		\$5.00 Ad Fee Require	ditional	
	6. Name and Address of Current F	legistered Agent			7. Name and Add	dress of New Re			
CAPITOL CORPORATE SERVICES, INC.				Name	me The Control of the				
1333 NOR		Street Address (ss (P.O. Box Number is	(P.O. Box Number is Not Acceptable)				
	,								
	4 :			City		•	FL Zip Coo	ie	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regis	stered agent, or both, in	the State of Flor	rida. I am familiar with	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
						Make check payable to Florida Department of State			
Fil Due t	ing Fee is \$50.00 by September 8, 2004					Florida	Department of State	18	
Fil Due t	ing Fee is \$50.00 by September 8, 2004 MANAGING MEMBER	RS/MANAGERS	10.				Department of Star		
Fil Due t	ing Fee is \$50.00 by September 8, 2004		10. TITLE			Florida	Department of State	Addition	
Fil Due t	ing Fee is \$50.00 by September 8, 2004 MANAGING MEMBER	RS/MANAGERS	TITLE NAM STRE		No	Florida	Department of Star		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR REINSCH, PHILLIP A 8401 N. CENTRAL EXPRESSWA DALLAS, TX 75225 MGR	RS/MANAGERS	TITLE NAM STRE CITY TITLE	E Et address - St-Zip	No	Florida ADDITIONS/	Department of Star		
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I nereby certify that the information supplied with this limit goes not quality for the exemption stated in Section 119.07(3)(1), 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.

ANDREW F. JACOBS Daytime Phone #