

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Apr 04, 2008  
Secretary of State

DOCUMENT# M02000002289

Entity Name: SNC FINANCIAL GP, LLC

**Current Principal Place of Business:****New Principal Place of Business:**

8200 ANDERSON BLVD.  
FORT WORTH, TX 76120

**Current Mailing Address:****New Mailing Address:**

8200 ANDERSON BLVD.  
FORT WORTH, TX 76120

FEI Number:                    FEI Number Applied For ( )                    FEI Number Not Applicable (X)                    Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331     US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****ADDITIONS/CHANGES:**

Title:     MGR     ( ) Delete  
Name:     BLACKBURN, WYATT D  
Address:     8200 ANDERSON BLVD.  
City-St-Zip:     FORT WORTH, TX 76120

Title:     ( ) Change ( ) Addition  
Name:     \_\_\_\_\_  
Address:     \_\_\_\_\_  
City-St-Zip:     \_\_\_\_\_

Title:     MGR     ( ) Delete  
Name:     LEDBETTER, TERRY L  
Address:     8200 ANDERSON BLVD.  
City-St-Zip:     FORT WORTH, TX 76120

Title:     ( ) Change ( ) Addition  
Name:     \_\_\_\_\_  
Address:     \_\_\_\_\_  
City-St-Zip:     \_\_\_\_\_

Title:     MGR     ( ) Delete  
Name:     LEDBETTER, LONNIE K  
Address:     8200 ANDERSON BLVD.  
City-St-Zip:     FORT WORTH, TX 76120

Title:     ( ) Change ( ) Addition  
Name:     \_\_\_\_\_  
Address:     \_\_\_\_\_  
City-St-Zip:     \_\_\_\_\_

Title:     MGR     ( ) Delete  
Name:     HALE, DAVID D  
Address:     8200 ANDERSON BLVD.  
City-St-Zip:     FORT WORTH, TX 76120

Title:     ( ) Change ( ) Addition  
Name:     \_\_\_\_\_  
Address:     \_\_\_\_\_  
City-St-Zip:     \_\_\_\_\_

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID D HALE

MGR

04/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date