2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State
05-26-2004 90198 002 ****50.00

DOCUMENT # M03000003858

1. Entity Name
BVWB, L.L.C.

24077077

Principal Place of Business	Mailing Address
8117 PRESTON RD., STE. 220 DALLAS, TX 75225	8117 PRESTON RD., STE. 220 DALLAS, TX 75225

04212004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0384577
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BLACKWELL, H. PRYOR
STREET ADDRESS	8117 PRESTON RD., STE. 220
CITY-ST-ZIP	DALLAS, TX 75225
TITLE	MGRM
NAME	ANDERSON, CHARLES A
STREET ADDRESS	8117 PRESTON RD., STE. 220
CITY-ST-ZIP	DALLAS, TX 75225
TITLE	MGRM
NAME	LEISER, THOMAS A
STREET ADDRESS	8117 PRESTON RD., STE. 220
CITY-ST-ZIP	DALLAS, TX 75225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #