

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M06000004610 1. Entity Name MRG TEXAS PARTNERS, L.L.C.	
-------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 3575 LONE STAR CIR STE 300 FT WORTH, TX 76177	Mailing Address 3575 LONE STAR CIR STE 300 FT WORTH, TX 76177
---------------------------------------------------------------------------------	---------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 45-0540462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NRAI SERVICES INC 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331
---------------------------------------------------------------------------------------------------------------------------------

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 2020 COMPANIES, L.L.C. 3575 LONE STAR CIR STE 300 FT WORTH, TX 76177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000713077  
04/26/07-80075-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Barry Millay **Barry Millay** **4-18-07** **(817)490-0100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #