

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028519 AF

DOCUMENT # **M94000000066**

1. Entity Name  
**DJONT OPERATIONS, L.L.C., L.C.**

(NOTE: This should be "DJONT OPERATIONS, L.L.C.")

FILED

01 APR 20 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**545 E. JOHN CARPENTER FRWY  
SUITE 1300  
IRVING TX 75062**

Mailing Address  
**545 E. JOHN CARPENTER FRWY  
SUITE 1300  
IRVING TX 75062**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2547551**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGR CORCORAN, THOMAS J JR.**  
STREET ADDRESS **545 E. JOHN CARPENTER FRWY, SUITE 1300**  
CITY-ST-ZIP **IRVING TX 75062**

TITLE NAME  Change  Addition  
**MGR Wiese, Thomas L.**  
STREET ADDRESS **545 East John Carpenter Freeway, Suite 1300**  
CITY-ST-ZIP **Irving, TX 75062**

TITLE NAME  Delete  
~~**MGR CHURCHEY, RANDALL L.**~~  
~~STREET ADDRESS **545 E. JOHN CARPENTER FRWY, SUITE 1300**~~  
~~CITY-ST-ZIP **IRVING TX 75062**~~

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**MGR ROBINSON, LAWRENCE D**  
STREET ADDRESS **545 E. JOHN CARPENTER FRWY, SUITE 1300**  
CITY-ST-ZIP **IRVING TX 75062**

TITLE NAME  Change  Addition  
**800004084188-6**  
**-04/27/01--01033-003**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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:

*Thomas J. Corcoran, Jr.*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**  
Thomas J. Corcoran, Jr. - Manager

April 18, 2001

Date

972.444.4900

Daytime Phone #

CR2E083 (11/00)