


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M94000000066

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



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
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04212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-2547551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

000000131578
 04/27/04-80010-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CORCORAN, THOMAS J JR. 545 E. JOHN CARPENTER FRWY, SUITE 1300 IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WESE, THOMAS L 545 E. JOHN CARPENTER FRWY, SUITE 1300 IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBINSON, LAWRENCE D 545 E. JOHN CARPENTER FRWY, SUITE 1300 IRVING, TX 75062
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Weese, Managing Member* 4/2/04 972-444-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #