File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 APR -8 Ph 1: 01 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Stant light on suit Name and Mailing Address of Limited Liability Company TALL AHASSEE, FLORIDA **DOCUMENT # M98000000205** 1a. Principal Place of Business Address HERITAGE ADVISORS, L.L.C. 5001 SPRING VALLEY ROAD, #800E 5001 SPRING VALLEY ROAD, #80 DALLAS TX 75244 DALLAS TX 75244 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/25/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 62-1547797 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Žip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number Is Not Acceptable) PLANTATION FL 33324 Suite Ant #. etc City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE: (Registered Agent Accepting Appointment) - (NOTE: Registered Agent signature required when relief strong 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM HERITAGE SECURITIES , '6 NEW ENGLAND EXECUTIVE PA BURLINGTON MA -5001 Spring Valley Rd #200E Dallas TX 75244 ~n4715799 ~ft1114~-ft14 *****188, 75 ****189, 75 11. Edo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3) (i), Florida Statutes. I further certify that the information indicate on this annual report is true and accurate and that my signature shall have the same legal effect as it 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, and that my name appears in Block 10, or on an

INHSE 10 R (12-98)

attachment with an address.

District Phone #

2/23/99 (615)746-2411