

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000000399**

1. Entity Name  
CSL G.P. L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:08

Principal Place of Business  
5555 SAN FELIPE, STE 2200  
HOUSTON TX 77066

Mailing Address  
5555 SAN FELIPE, STE 2200  
HOUSTON TX 77066-2725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **76-0487416**  
Applied For  
Not Applicable

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

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**188003148911-4**  
**-02/28/00--01020--016**  
City **\*\*\*\*\*50.0PL \*\*\*\*\*50.00**

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

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

*mf 2/22/00*

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MASTER, DAVID 5555 SAN FELIPE, SUITE 2200 HOUSTON TX 77056 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COON, C. REGAN IRA 5555 SAN FELIPE, SUITE 2200 HOUSTON TX 77056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MOON & ASSOC. 5555 SAN FELIPE, SUITE 2200 HOUSTON TX 77056 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM R. DWAYNE WHITEHEAD, IRA 5555 SAN FELIPE, SUITE 2200 HOUSTON TX 77056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FORD, STUART 5555 SAN FELIPE, SUITE 2200 HOUSTON TX 77056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ANDERSON, AL 5555 SAN FELIPE, SUITE 2200 HOUSTON TX 77056 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mem LAPCO, Inc. 5555 San Felipe, Ste. 2200 Houston, TX 77056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Stephen LaPorte 5555 San Felipe, Ste. 2200 Houston, TX 77056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Danny Gray 5555 San Felipe, Ste. 2200 Houston, TX 77056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Frank Klaus, IRA 5555 San Felipe, Ste. 2200 Houston, TX 77056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Joe LaPorte 5555 San Felipe, Ste. 2200 Houston, TX 77056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Joe LaPorte 1999 Trust 5555 San Felipe, Ste. 2200 Houston, TX 77056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Dwayne Whitehead*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/10/00 713/435-4370  
Date Daytime Phone #

CR2E083 (9/99)

# COASTAL SECURITIES

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:08

## Continuation

### Managing Members/Members

#### Item 10. Additions/Changes

**TITLE:** MEM (X) Addition  
**NAME:** Sam LaPorte 1999 Trust  
**STREET ADDRESS:** 5555 San Felipe, Ste. 2200  
**CITY-ST-ZIP:** Houston, TX 77056

**TITLE:** MEM (X) Addition  
**NAME:** Steve LaPorte 1999 Trust  
**STREET ADDRESS:** 5555 San Felipe, Ste. 2200  
**CITY-ST-ZIP:** Houston, TX 77056

**TITLE:** MEM (X) Addition  
**NAME:** W. David Holland  
**STREET ADDRESS:** 5555 San Felipe, Ste. 2200  
**CITY-ST-ZIP:** Houston, TX 77056