2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 487080** 1. Entity Name PRG FLORIDA V, INC. Principal Place of Business Mailing Address 14800 LANDMARK STE 500 14800 LANDMARK STE 500

FILED Apr 24, 2001 8:00 am Secretary of State

04-24-2001 90322 004 ***150.00

ALLAS TX 7524 S	0		DALLAS TX 75240 US 3. Mailing Address C/O Jackson Walker Att: Pam 901 Main St. Suite, Apt. #, etc. 6000					T (1 1 #18 14 #18 11	BIGH BIBH GIGH	218 11 1 28 1	
2. Principal Plack C / O Jack 901 Mai Suite, Apt. #	n St.	îker Att: Pam					DO NOT WRITE IN THIS SPACE					
6000	+, etc.											
City & State			City & State				4. FEI Number 59-1634278 Applied For					
Dallas,	Texas	Country	Dallas, Texas	ntry A						Not Applicable		
75 20 2	ÜSA		75202			US				\$8.75 Addit Fee Required		
	6. Name	and Address of Current F	Registered Agent		Name		7. N	ame and Address of New Re	gistered A	Agent		
526 E	SERVICES AST PARK NHASSEE I	AVENUE		Street Address (P.O. Box Number is Not Acceptable)								
					City				FL	Zip Code		
SIGNATURE _ 9. This corpo Tax filing re	Signature, typed tration is elig equirement	or printed name of registered agent a pible to satisfy its Intangible and elects to do so.	nd title if applicable. (NOT	E: Registere	d Agent signatu IS \$150.0 will be \$5	ore required w	vhen rei	ent, or both, in the State of Flor instating) 10. Election Campaign Fina Trust Fund Contribution	DATE _) May Be to Fees	
	ia on back)		Make Check Payal	ble to D	epartment	t of State						
11.	P	OFFICERS AND	DIRECTORS Delete	12.	-	Pres		DITIONS/CHANGES TO OFFICE DITECTOR		DIRECTORS (X) Change		6
NAME STREET ADDRESS	YEARY, M	NDMARK STE 500	NAF STF			5005	5 Riverway Dr., Ste. 400 ston, Texas 77056			<u> </u>	Addition	E034 (10/00
TITLE NAME	S NICOLAO 5005 RIVI	U, KAREN ERWAY DR STE 400 N TX 77056	☐ Delete							☐ Change	Addition	CB2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EDENBUR	RN, LANE NDMARK STE 500	⊠ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
indicated of the cor	l on this rep rporation or	ort or supplemental report is the receiver or trustee emp	s true and accurate and that	my signa t as requ	ature shall h	have the s	ame	119.07(3)(i), Florida Statutes. I legal effect as if made under c ida Statutes; and that my name	ath that I	am an officer	or director	1

SIGNATURE:

Michael Yeary

4/9/01

214-953-5647

Daytime Phone #