

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90177 046 \*\*\*150.00

**DOCUMENT # 515243**

1. Entity Name  
**PRG FLORIDA III, INC.**

Principal Place of Business <b>14800 LANDMARK SUITE 500 DALLAS TX 75240 US</b>	Mailing Address <b>14800 LANDMARK SUITE 500 DALLAS TX 75240 US</b>
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00040303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>c/o Jackson Walker Att: Pam 901 Main St. Suite, Apt. #, etc. 6000</b>	3. Mailing Address <b>c/o Jackson Walker Att: Pam 901 Main St. Suite, Apt. #, etc. 6000</b>
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City & State <b>Dallas, Texas</b>	City & State <b>Dallas, Texas</b>	4. FEI Number <b>59-1690544</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>75202</b>	Country <b>USA</b>	Zip <b>75202</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.          526 E. PARK AVE.          TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>YEARY, MICHAEL</b> <b>14800 LANDMARK SUITE 500</b> <b>DALLAS TX 75240</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Sole Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5005 Riverway Dr., Ste. 400</b> <b>Houston, Texas 77056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>NICOLAOU, KAREN</b> <b>5005 RIVERWAY DR SUITE 400</b> <b>HOUSTON TX 77056</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input checked="" type="checkbox"/> Delete <b>EDENBURN, LANE</b> <b>14800 LANDMARK SUITE 500</b> <b>DALLAS TX 75240</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Michael Yeary** **4/9/01** **214-953-5647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)