
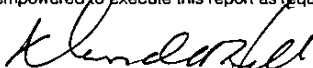


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 13 PM 8:47

DOCUMENT # A05000000950				DIVISION OF CORPORATIONS	
1. Entity Name FALCON CARLYLE PARTNERS, LLLP		06 JUL 13 PM 8:47			
Principal Place of Business 5005 LBJ FREEWAY, SUITE 1130 DALLAS, TX 75244-6144		Mailing Address 5005 LBJ FREEWAY, SUITE 1130 DALLAS, TX 75244-6144			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TAGUE, BRIAN P FOUR SEASONS TOWER 1441 BRICKELL AVE., 15TH FLOOR MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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.					
FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000038487			STREET ADDRESS	
NAME	FALCON CARLYLE GP, LLC			CITY - ST - ZIP	
STREET ADDRESS	5005 LBJ FREEWAY, SUITE 1130				
CITY - ST - ZIP	DALLAS, TX 752446144				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
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NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:  DAVID A. HUME 6/30/06 972 931 2300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					