2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 26, 2005 08:00 AM

1, Entity Name LINCOLN NO		iling Address		Secretary of State
Principal Place of B P.O. BOX 1920 DALLAS, TX 7522	P	O. BOX 1920 ALLAS, TX 75221		
			ye una Lag	
DO NOT WRITE IN THIS SPACE				04182005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
				16-1635862 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				A CONTRACTOR OF THE CONTRACTOR
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			5.00 May Be ided to Fees	
10.	OFFICERS AND DIREC	TORS	=	The second of the second secon
STREET ADDRESS 150	RNE, TIMOTHY D5 FEDERAL STREET LLAS, TX 75201			
STREET ADDRESS 150 CITY-ST-ZIP DA	CKS, DAN DS FEDERAL STREET LLAS, TX 75201		<u> </u>	U00000332480 04/26/05-80060-005 150.00
STREET ADDRESS 150	VIS, NANCY 05 FEDERAL STREET LLAS, TX 75201	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE
STREET ADDRESS 150	OGUE, MACK OS FEDERAL STREET LLAS, TX 75201	of the following section of the sect		IN THIS SPACE
STREET ADDRESS 150	AS REIT, DENNIS 05 FEDERAL ST JLLAS, TX 75201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			à.B	···
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				

Dennis Streit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR ASSISTANT SECRETARY

Vice President-

214-740-4440

4-19-05