## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # F05000007072 1. Entity Name 03-01-2007 90011 013 \*\*\*150.00 ENCORE TAMPA LEASECO, INC. Principal Place of Business Mailing Address 5005 LBJ FREEWAY 5005 LBJ FREEWAY **SUITE 1200 SUITE 1200** DALLAS, TX 75244 DALLAS, TX 75244 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite. Apt. #. etc. 01312007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3771205 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete Addition TITLE Change SANGANI, BHARAT NAME NAME STREET ADDRESS 5005 LBJ FREEWAY, SUITE 1200 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75244 CITY-ST-ZIP VS TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARBER, PATRICK NAME NAME STREET ADDRESS 5005 LBJ FREEWAY, SUITE 1200 STREET ADDRESS CJTY- ST-7IP DALLAS, TX 75244 CITY-ST-ZIP Asst. Secretary Change Alan L. Murray 5005 LBJ Freeway, Suite 1200 TITLE Delete TITLE X Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dallas, TX 75244 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

RORDIRECTOR

2/23/07

214-259-7000

Daytme Phone ∉

FILED

Mar 01, 2007 8:00 am