2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILED Jan 22, 2007 08:00 AM Secretary of State

DOCUMENT # F38875

1. Entity Name

FIRST WESTERN SBLC, INC.



Principal Place of Business

17950 PRESTON ROAD

SUITE 600 DALLAS, TX 75252 US Mailing Address

17950 PRESTON ROAD SUITE 600

DALLAS, TX 75252 US



01092007

lo Cha-P

CR2E034 (11/05)

4. FEI Number 59-2165536

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324

DONOT WRITE IN THIS SPACE

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 life if applicable.

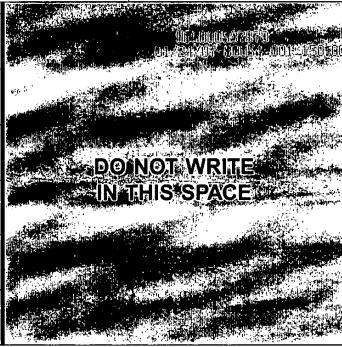
(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ROSEMORE, LANCE 17950 PRESTON ROAD, SUITE 600 DALLAS, TX 75252 D
NAME STREET ADDRESS CITY-ST-ZIP	GREENBERG, MARTHA 17950 PRESTON ROAD, SUITE 600 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, NAT 17950 PRESTON ROAD, SUITE 600 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, ROY 17950 PRESTON ROAD, SUITE 600 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMBER, BARRY 17950 PRESTON ROAD, SUITE 600 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALLAS, TX 75252
12. I hereby	certify that the information supplied with this filling does not qualify for the extension to the control of the transfer and that my signs



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.

SIGNATURE:

SIGNATURE AND TYPED WE PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Daytime Phone ∉