


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F38875- 1. Entity Name FIRST WESTERN SBLC, INC.	
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Principal Place of Business 17950 PRESTON ROAD SUITE 600 DALLAS, TX 75252 US	Mailing Address 17950 PRESTON ROAD SUITE 600 DALLAS, TX 75252 US
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2165536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324

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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. 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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000785093 01/16/08-80081-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEMORE, LANCE 17950 PRESTON ROAD, SUITE 600 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	D MUNN, IRV 17950 PRESTON ROAD, SUITE 600 DALLAS, TX 75252

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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:  **1/10/08** **9723493200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #