

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90188 014 \*\*\*150.00

<b>DOCUMENT # F97000003093</b>					
<b>1. Entity Name</b> LAUDERDALE RIVER, INC.					
<b>Principal Place of Business</b> 13155 NOEL RD. THREE CALLERIA TOWER, STE. 500 DALLAS, TX 75240			<b>Mailing Address</b> 13155 NOEL RD. THREE CALLERIA TOWER, STE. 500 DALLAS, TX 75240		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<div style="font-size: 24px; font-weight: bold;">40066513</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112006    Chg-P    CR2E034 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 75-2711443	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> FARMER, DAVID N <b>STREET ADDRESS</b> 13155 NOEL RD. <b>CITY-ST-ZIP</b> DALLAS, TX 75240	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Farmer, David N. <b>STREET ADDRESS</b> 13155 Noel Rd., Suite 500 <b>CITY-ST-ZIP</b> Dallas, TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RIDLEY, DAVID A <b>STREET ADDRESS</b> 13155 NOEL RD. <b>CITY-ST-ZIP</b> DALLAS, TX 75240	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Ridley, David A. <b>STREET ADDRESS</b> 13155 Noel Rd, Suite 500 <b>CITY-ST-ZIP</b> Dallas, TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VS <b>NAME</b> RAGSDALE, RONALD <b>STREET ADDRESS</b> 13155 NOEL RD. <b>CITY-ST-ZIP</b> DALLAS, TX 75240	<input type="checkbox"/> Delete		<b>TITLE</b> VPS <b>NAME</b> Ragsdale, Ronald <b>STREET ADDRESS</b> 13155 Noel Rd., Suite 500 <b>CITY-ST-ZIP</b> Dallas, TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VAS <b>NAME</b> KIRBY, MICHAEL <b>STREET ADDRESS</b> 13155 NOEL RD. <b>CITY-ST-ZIP</b> DALLAS, TX 75240	<input type="checkbox"/> Delete		<b>TITLE</b> VAS <b>NAME</b> Kirby, Michael <b>STREET ADDRESS</b> 13155 Noel Rd., Suite 500 <b>CITY-ST-ZIP</b> Dallas, TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TAS <b>NAME</b> ZIEGLER, ROBIN A <b>STREET ADDRESS</b> 13155 NOEL RD 500-3 GALLERIA TWR <b>CITY-ST-ZIP</b> DALLAS, TX 75240	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TAS <b>NAME</b> Green, Tracy <b>STREET ADDRESS</b> 13155 Noel Rd., Suite 500 <b>CITY-ST-ZIP</b> Dallas, TX 75240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VAS <b>NAME</b> BOIKO, TERRELL <b>STREET ADDRESS</b> 13155 NOEL RD. <b>CITY-ST-ZIP</b> DALLAS, TX 75240	<input type="checkbox"/> Delete		<b>TITLE</b> VAS <b>NAME</b> Boiko, Terrell <b>STREET ADDRESS</b> 13155 Noel Rd., Suite 500 <b>CITY-ST-ZIP</b> Dallas, TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, 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.</b>					
<b>SIGNATURE:</b>			<b>Tracy Green</b> <b>4/11/06</b> <b>(972) 715-7400</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		