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FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90109 041 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K34799

1. Corporation Name
PRG FLORIDA IX, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5430 LBJ FREEWAY SUITE 1540 DALLAS TX 75240 US		Mailing Address 5430 LBJ FREEWAY SUITE 1540 DALLAS TX 75240 US	
2. Principal Place of Business 21 14800 Landmark Suite, Apt. #, etc. 22 Suite 500 City & State 23 Dallas TX Zip 24 75240 Country 25 USA		2a. Mailing Address 26 14800 Landmark Suite, Apt. #, etc. 27 Suite 500 City & State 28 Dallas, TX Zip 29 75240 Country 30 USA	
3. Date Incorporated or Qualified 10/01/1988		4. FEI Number 59-2907083	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	Michael Yeary
CITY-ST-ZIP		1.4 CITY-ST-ZIP	14800 Landmark, Suite 500 Dallas, Texas 75240
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Vice President
STREET ADDRESS		2.3 STREET ADDRESS	Jonathan Bond
CITY-ST-ZIP		2.4 CITY-ST-ZIP	14800 Landmark, Suite 500 Dallas, Texas 75240
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Secretary
STREET ADDRESS		3.3 STREET ADDRESS	Karen Nicolaou
CITY-ST-ZIP		3.4 CITY-ST-ZIP	5005 Riverway Dr., Suite 400 Houston, Texas 77056
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Asst. Secretary
STREET ADDRESS		4.3 STREET ADDRESS	Lane Edenburn
CITY-ST-ZIP		4.4 CITY-ST-ZIP	14800 Landmark, Suite 500 Dallas, Texas 75240
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)