LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2002 8:00 am Secretary of State

05-03-2002 90056 033 ****50.00

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UNIFORM	M BUSINESS REPORT (UBR)
DOCUMENT#	
1. Entity Name	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7557 Rambler Road			3. Mailing Address 7557 Rambler Road		
Suite, Apt. #, etc. Suite 1100		Suite, Apt. #, etc	Suite Apt. #, etc. Suite 1100		
City & State Dallas, Texas		City & State			
Zip 75231	Country USA	Zip 75231	Country	i	

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2951299

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent					
Name					
Corporation Service Compa	ny				
Street Address (P.O. Box Number is Not Acceptable 1201 Hays Street	e)				
City Tallahassee	FL 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.

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

SoJo Design, LLC

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE Timothy C. Headington TITLE NAME 7557 Rambler Road, Suite 1100 NAME STREET ADDRESS Dallas, Texas 75231 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP CITY-ST-ZIP TITLE. T. U. 44 A 900EQ0,000 h-11am TITLE NAME NAME STREET ADDRESS STREET ADDRESS THO FOLDERSON CITY ST-ZIP CITY-ST-ZIP 71. 8 30

11. Thereby 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	1	, 	, ८	1	
SIGNATURE AND	TYPED O	R PRI	TED NAM	1/2/0	Gi

Timothy C. Headington

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/02

214-696-0606

CR2E083B (12/01

Date

Daytime Phone #