

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000030609

1. Entity Name
FOUNTAINHEAD MEMORIAL PARK, LLC



Principal Place of Business
**1929 ALLEN PARKWAY
HOUSTON, TX 77019**

Mailing Address
**P.O. BOX 130548
HOUSTON, TX 77219-0548**



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FLI Number 59-1088279	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P USELTON, MICHAEL 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIGGS, CURTIS G 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, JUDITH M 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORING, HARRIS E III 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARRETT, SUSAN L 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR USELTON, MICHAEL 1929 ALLEN PKWY HOUSTON, TX 77019

1100000000214
01/21/04-80002-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: HARRIS E. LORING III 1/18/04 713-522-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #