

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052882

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: ALLEGIANCE FLORIDA DEVELOPMENT, LLC

## Current Principal Place of Business:

8140 WALNUT HILL LANE  
SUITE 620  
DALLAS, TX 75231

## New Principal Place of Business:

14881 QUORUM DRIVE  
SUITE 950  
DALLAS, TX 75254

## Current Mailing Address:

8140 WALNUT HILL LANE  
SUITE 620  
DALLAS, TX 75231

## New Mailing Address:

14881 QUORUM DRIVE  
SUITE 950  
DALLAS, TX 75254

FEI Number: 20-2917308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAXWELL, DOUGLAS R  
10739 DEERWOOD PARK BLVD., SUITE 200A  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

MAXWELL, DOUGLAS R  
10739 DEERWOOD PARK BLVD., SUITE 200A  
JACKSONVILLE, FL 32256 US

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: DOUGLAS R. MAXWELL

04/11/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: AMES, CHARLES D  
Address: 8140 WALNUT HILL LANE, SUITE 620  
City-St-Zip: DALLAS, TX 75231

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: AMES, CHARLES D  
Address: 14881 QUORUM DRIVE, SUITE 950  
City-St-Zip: DALLAS, TX 75254

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES D. AMES

MGR

04/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date