

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90139 045 ****50.00

DOCUMENT # M000000000008

1. Entity Name
CENTEX OFFICE SOUTHPOINTE II, L.L.C.



Principal Place of Business
2728 NORTH HARWOOD STREET
DALLAS, TX 75201-1516 US

Mailing Address
2728 NORTH HARWOOD STREET
DALLAS, TX 75201-1516 US

2. Principal Place of Business

3. Mailing Address
PO BOX 199000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DALLAS, TX

Zip

Country

Zip

Country

75219

USA

01262004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

75-2851169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DECKER, RICHARD C
STREET ADDRESS 2728 NORTH HARWOOD STREET
CITY-ST-ZIP DALLAS, TX 75201

TITLE MGR ☐ Change ☒ Addition
NAME NEWMAN, TODD D.
STREET ADDRESS 2728 N HARWOOD STREET
CITY-ST-ZIP DALLAS, TX 75201

TITLE MGR ☐ Delete
NAME WEINBERG, STEPHEN M
STREET ADDRESS 2728 NORTH HARWOOD STREET
CITY-ST-ZIP DALLAS, TX 75201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME REED, JOEL S
STREET ADDRESS 2728 NORTH HARWOOD STREET
CITY-ST-ZIP DALLAS, TX 75201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lyle E. Stover

4/22/04

(214) 981-5000