

2001 UNIFORM BUSINESS REPORT (UBR)

0028546 AF

DOCUMENT # M00000000145

1. Entity Name
AMS MANAGEMENT, L.L.C.

FILED

01 MAY 24 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O WHITEHALL ST REAL ESTATE LTD VI 100 CRESCENT COURT, SUITE 400 DALLAS TX 75201	Mailing Address C/O WHITEHALL ST REAL ESTATE LTD VI 100 CRESCENT COURT, SUITE 400 DALLAS TX 75201
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2. Principal Place of Business 600 E Las Colinas Blvd Suite, Apt. #, etc Suite 400	3. Mailing Address 600 E Las Colinas Blvd Suite, Apt. #, etc Suite 400
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DO NOT WRITE IN THIS SPACE

City & State Irving, TX	City & State Irving, TX	4. FEI Number 75-2853957	Applied For Not Applicable
Zip 75039	Country USA	Zip 75039	Country USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member WXI/McN Realty, LLC 600 E Las Colinas Blvd, Suite Irving, TX 75039 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****50.00 *****50.00

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: Douglas Gunn, Vice President of the Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)