

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M00000000646**

1. Entity Name

CARMIL II LLC**REC'D JAN 07 2002**

Principal Place of Business

**600 E. LAS COLINAS BLVD., SUITE 1800
IRVING TX 75039**

Mailing Address

**PO BOX 619091
DALLAS TX 75261-9091**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2780931

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CARMIL ASSOCIATES, INC.	
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 1800	
CITY-ST-ZIP	IRVING TX 75039	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MILLER, J. FRANK III	
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 1800	
CITY-ST-ZIP	IRVING TX 75039	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

JOE BATLIFT**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90073 043 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)