

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000646

1. Entity Name
CARMIL II LLC



Principal Place of Business
**600 E. LAS COLINAS BLVD., SUITE 1800
IRVING, TX 75039**

Mailing Address
**PO BOX 619091
DALLAS, TX 75261-9091**

DO NOT WRITE IN THIS SPACE



01122005No Chg-LLC

CR2E083 (10/03)

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

**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

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, 2005**

U000000206537
02/01/05-80009-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CARMIL ASSOCIATES, INC.
600 E. LAS COLINAS BLVD., SUITE 1800
IRVING, TX 75039**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MILLER, J. FRANK III
600 E. LAS COLINAS BLVD., SUITE 1800
IRVING, TX 75039**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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)(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:

Thomas F. Kavanagh

**Thomas F. Kavanagh
Asst. Vice President**

1/25/05

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

Date

Daytime Phone #