

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001223

1. Entity Name

ECG ASSETS, LLC

Principal Place of Business

2828 N. HASKELL AVE. FL 10
DALLAS TX 75204

Mailing Address

2828 N. HASKELL AVE. FL 10
DALLAS TX 75204

FILED

01 JUL 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3988 N. CENTRAL EXWY

Suite, Apt. #, etc.

5th FLOOR

City & State

DALLAS TX

Zip

75204

Country

USA

3. Mailing Address

3988 N. CENTRAL EXWY

Suite, Apt. #, etc.

5th FLOOR

City & State

DALLAS TX

Zip

75204

Country

USA

4. FEI Number

75-2879017

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T 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

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

800004507788--2

-07/30/01--01120--006

****110.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT ☐ Delete
NAME THOMAS G. CONNOR, JR.
STREET ADDRESS 3988 N. CENTRAL EXWY 5th FLOOR
CITY-ST-ZIP DALLAS TX 75204

TITLE CFO ☐ Delete
NAME DEBORAH D. PIPES
STREET ADDRESS 3988 N. CENTRAL EXWY 5th FLOOR
CITY-ST-ZIP DALLAS TX 75204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

7/17/01 (214) 584-5413

CR2E083 (11/00)