

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90138 008 ****55.00

DOCUMENT # M00000001589

1. Entity Name
STATEWIDE CAPITAL INVESTMENTS, LLC



Principal Place of Business
17625 EL CAMINO REAL
SUITE 210
HOUSTON, TX 77058 US

Mailing Address
P.O. BOX 890725
HOUSTON, TX 77289-0725

DO NOT WRITE IN THIS SPACE



07152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
76-0540241

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

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SCHRODER, GREGORY A CEO
STREET ADDRESS 17625 EL CAMINO REAL, SUITE 210
CITY-ST-ZIP HOUSTON, TX 77058

TITLE MGR
NAME KENNEY, THOMAS P PRES.
STREET ADDRESS 17625 EL CAMINO REAL, SUITE 210
CITY-ST-ZIP HOUSTON, TX 77058

TITLE MGR
NAME SCHRODER, DANIEL W VP
STREET ADDRESS 17625 EL CAMINO REAL, SUITE 210
CITY-ST-ZIP HOUSTON, TX 77058

~~TITLE MGR~~
~~NAME MAXWELL, DAROLD MGR~~
~~STREET ADDRESS 17625 EL CAMINO REAL, SUITE 210~~
~~CITY-ST-ZIP HOUSTON, TX 77058~~

TITLE MGRM
NAME ESTATE OF GAYLE L. SCHRODER
STREET ADDRESS 17625 EL CAMINO REAL, SUITE 210
CITY-ST-ZIP HOUSTON, TX 77058

TITLE MGRM
NAME PERRY, JAMES H
STREET ADDRESS 1745 SHEA CENTER DRIVE, SUITE 400
CITY-ST-ZIP HIGHLAND RANCH, CO 80129

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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:

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

Date

Daytime Phone *

8-17-04 281-480-9700