


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001683 1. Entity Name TI SUB GP, LLC	
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Principal Place of Business 3819 TOWNE CROSSING BLVD., SUITE 100 MESQUITE, TX 75150 US	Mailing Address 3819 TOWNE CROSSING BLVD., SUITE 100 MESQUITE, TX 75150 US
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DO NOT WRITE IN THIS SPACE



03242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-2894224	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BREEDEN, J. WYNNE 3819 TOWNE CROSSING BLVD., SUITE 100 MESQUITE, TX 75150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BREEDEN, DAVID 3819 TOWNE CROSSING BLVD., SUITE 100 MESQUITE, TX 75150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIEDIGER, JERRY 3819 TOWNE CROSSING BLVD., SUITE 100 MESQUITE, TX 75150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BREEDEN, DAVID L VP 3819 TOWNE CROSSING BLVD., SUITE 100 MESQUITE, TX 75150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIEDIGER, JERRY 3819 TOWNE CROSSING BLVD., SUITE 100 MESQUITE, TX 75150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000288339
04/05/05-80005-025 50.00

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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 609, Florida Statutes.

SIGNATURE:   JERRY Biediger VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 3/24/05 <small>Date</small>	972-220-7350 <small>Daytime Phone #</small>
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