2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001683

Entity Name: TI SUB GP, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
12404 PARK CENTRAL DR. SUITE 300 SOUTH DALLAS, TX 75251 US	

Current Mailing Address:	**New Mailing Address:**
12404 PARK CENTRAL DR. SUITE 300 SOUTH DALLAS, TX 75251 US	

FEI Number: 75-2894224   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US	

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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title: S ( ) Delete Name: BIEDIGER, JERRY Address: 3819 TOWNE CROSSING BLVD., SUITE 100 City-St-Zip: MESQUITE, TX 75150 US	Title: V-P (X) Change ( ) Addition Name: HOVE, JOHN N Address: 12404 PARK CENTRAL DRIVE, SUITE 300 SOUTH City-St-Zip: DALLAS, TX 75251 US
Title: CEOP (X) Delete Name: GREER, RAYMOND B Address: 3819 TOWNE CROSSING BLVD, STE 100 City-St-Zip: MESQUITE, TX 751501	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN N. HOVE   V-P   08/27/2007
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date