

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY 15 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M00000002127**

1. Entity Name

LC Realty, LLC

Principal Place of Business

Mailing Address

2808 Fairmount, Ste 250, LB9
Dallas, TX 75201

Same

2. Principal Place of Business

2808 Fairmount

3. Mailing Address

2808 Fairmount

Suite, Apt. #, etc.

Suite 250, LB9

Suite, Apt. #, etc.

Suite 250, LB9

City & State

Dallas, TX

City & State

Dallas, TX

4. FEI Number

51-0345694

Applied For

Not Applicable

Zip

75201

Country

- USA

Zip

75201

Country

USA

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd.
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

9. MANAGING MEMBERS/MEMBERS

TITLE: Single Member Delete
NAME: Atlantic Financial Group, LTD.
STREET ADDRESS: 2808 Fairmount, Ste 250, LB9
CITY-ST-ZIP: Dallas, TX 75201

TITLE: Manager, President Delete
NAME: Stephen S. Brookshire
STREET ADDRESS: 2808 Fairmount, Ste 250, LB9
CITY-ST-ZIP: Dallas, TX 75201

TITLE: VP/S Delete
NAME: Jeffrey W. Brawner
STREET ADDRESS: 2808 Fairmount, Suite 250, LB9
CITY-ST-ZIP: Dallas, TX 75201

TITLE: VP Delete
NAME: Patricia Keath
STREET ADDRESS: 2808 Fairmount, Suite 250, LB9
CITY-ST-ZIP: Dallas, TX 75201

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: Change Addition
NAME: **500004384095**
STREET ADDRESS: **-06/08/01-01089-015**
CITY-ST-ZIP: *******50.00 *****50.00**

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 #

✓ 5/01/01

214-303-1653