2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State DOCUMENT # M0000002727 05-22-2002 90206 026 ****50 00 LC REALTY, LLC Principal Place of Business Mailing Address 2808 FAIRMOUNT, STE. 250, LB9 2808 FAIRMOUNT, STE, 250, LB9 DALLAS TX 75201 965776 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-0345694 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change ☐ Addition NAME ATLANTIC FINANCIAL GROUP, LTD. NAME STREET ADDRESS 2808 FAIRMOUNT, STE. 250, LB9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 **MGRP** ☐ Delete TITLE Change ☐ Addition NAME **BROOKSHIRE, STEPHEN S** NAME STREET ADDRESS 2808 FAIRMOUNT, STE. 250, LB9 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75201 CITY-ST-ZIP **VPS** TITLE ☐ Delete TITLE Change Addition NAME BRAWNER, JEFFREY W STREET ADDRESS 2808 FAIRMOUNT, STE. 250, LB9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 TITLE **VP** ☐ Delete TITLE ☐ Change Addition NAME KEATH, PATRICIA STREET ADDRESS 2808 FAIRMOUNT, STE, 250, LB9 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75201 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 imited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANA

214-720-2237

FILED