## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

### DOCUMENT # M0100000260

1. Entity Name FWC AA GP, LLC



**FILED** Apr 18, 2005 08:00 AM Secretary of State

Principal Place of Business

3890 W NORTHWEST HWY

SUITE 700 DALLAS, TX 75220 Mailing Address

3890 W NORTHWEST HWY

SUITE 700

\_\_ DALLAS, TX 75220



03102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-2899704

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL ST. TALLAHASSEE, FL 32303

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li> </ol>	inging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title II applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005		

wanaging membehs/managehs	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UTLEY, ROBERT K III 3890 W NORTHWEST HWY #700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UTLEY, STEVEN R 3890 W NORTHWEST HWY #700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000313804 04/18/05-80139-022 50.00

# DO NOT WRITE IN THIS SPACE

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 reserver 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