


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000000260 1. Entity Name FWC AA GP, LLC	
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Principal Place of Business
3890 W NORTHWEST HWY
SUITE 700
DALLAS, TX 75220

Mailing Address
3890 W NORTHWEST HWY
SUITE 700
DALLAS, TX 75220



02152006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2899704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	UTLEY, ROBERT K III
STREET ADDRESS	3890 W NORTHWEST HWY #700
CITY-ST-ZIP	DALLAS, TX 75220

TITLE	MGRM
NAME	UTLEY, STEVEN R
STREET ADDRESS	3890 W NORTHWEST HWY #700
CITY-ST-ZIP	DALLAS, TX 75220

TITLE	
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1100000476144
04/05/06-80045-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

3/15/06

Date

469 2321222

Daytime Phone #