2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000521

1. Entity Name

NAME STREET ADDRESS CITY+SI-ZIP

SIGNATURE:

FWC OPERATING GP, LLC

Mailing Address

Principal Place of Business 3890 W NORTHWEST HWY

SUITE 700 DALLAS, TX 75220 3890 W NORTHWEST HWY SUITE 700 DALLAS, TX 75220 FILED Mar 21, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02152006 No Chg-LLC

CR2E083 (11/05)

 FEI Number 75-2895471 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

	a named entity submits this statement for the purpose of char tions of registered agent.		ooth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.				
	Signature, typed or primed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
. F	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS	<u> </u>		
TITLE NAME STREET ADDRESS CKTY-ST-ZIP	MGRM UTLEY, ROBERT K III 3890 W NORTHWEST HWY #700 DALLAS, TX 75220		U00000476147 04/05/06-83045-007 50.00	
Title Name Sineet address City-S1-ZIP	MGRM UTLEY, STEVEN R 3890 W NORTHWEST HWY #700 DALLAS, TX 75220			
LITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CVTY-ST-ZIP		IN		
ictle Vame Street address Dity-St-Zip				
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11. I hereby certify that the information supplied with this filling 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 a courage 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE