## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # M0100002636  1. Entity Name CENTEX LAND INVESTMENTS II, LLC						05-03-2004 90144 030 ****50.00				
Principal Plac	te of Business		<del></del>							
Principal Place of Business Mailing Address 2728 NORTH HARWOOD PO BOX 199000 DALLAS, TX 75201 DALLAS, TX 75219							II BAIN ABNA KAI	<b>D 8</b> 33 <b>00</b> 0117 <b>0</b> 83		
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262004					
City & State		City & State			4. FEI Number 94-3414894			Applied For Not Applicable		
Žip	Country	Zip	Country		5. Certificati	5. Certificate of Status Desired		S5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Name Street Address (P.O. Box Number is Not Acceptable)					
	SSEE, FL 32301-2525			on dot ragi						
				City	<del></del>		FL	Zip Cod	e	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or re	gistered agent, or be	oth, in the State of Fl	orida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	Agent signature	equired when reinstating)		DATE			
Fi	iling Fee is \$50.00 ue by May 1, 2004					Florid	e check pa a Departme	yable to		
9.	MANAGING MEMBERS/MANAGERS 1					ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWMAN, TODD D MANAGER 2728 N HARWOOD ST DALLAS, TX 75201	☐ Delete		ET ADDRESS	MCR NACHOWIAK, DI 2728 N HARWOO DALLAS, TX 75	D ST		Change	₹ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REED, JOEL S MANAGER 2728 N HARWOOD ST			1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	)				<del></del>			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
indicated	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have t	the same	legal effect :	as if made under oat	h that I am a manae	I further certi ging member	fy that the ir or manage	nformation er of the	