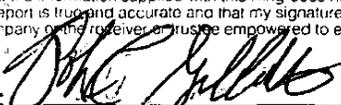


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
04 JUL 30 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M01000002669</b> 1. Entity Name BOMASADA JACKSONVILLE, LLC		
Principal Place of Business 8980 LAKES AT 610 DRIVE SUITE 200 HOUSTON, TX 77054		Mailing Address 8980 LAKES AT 610 DRIVE SUITE 200 HOUSTON, TX 77054
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country
6. Name and Address of Current Registered Agent  CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code
4. FEI Number 47-0856281		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
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 _____ DATE _____ <small>Signature, name of the individual registered agent and state if applicable. (NOTE: Registered Agent signature required when re-filing)</small>		
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE: MGR NAME: FRED, STUART L STREET ADDRESS: 10255 RICHMOND AVE STE 300 CITY-ST-ZIP: HOUSTON, TX 77042	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: GILBERT, JOHN L STREET ADDRESS: 10255 RICHMOND AVE. CITY-ST-ZIP: HOUSTON, TX 77042	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: GILBERT, JOHN L STREET ADDRESS: 10255 RICHMOND AVE STE 300 CITY-ST-ZIP: HOUSTON, TX 77042	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		Date: 7/29/04      Daytime Phone #: 713/668-6886
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		



07292004 Chg-LLC CR2E083 (10/03)

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M01000002669

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 07-30-04

NAME: BOMSADA JACKSONVILLE LLC

TYPE OF FILING: 2004 UBR

COST: \$50 + \$5 = \$55

RETURN: GOOD STANDING

*BR*

FILED  
04 JUL 30 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE