

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 29, 2008 8:00 am
Secretary of State**

04-29-2008 90024 049 ***138.75

DOCUMENT # M02000000086		
1. Entity Name CONNERTON, LLC		

Principal Place of Business 3030 LBJ FREEWAY STE. 1450 DALLAS, TX 75234		Mailing Address 3030 LBJ FREEWAY STE. 1450 DALLAS, TX 75234	
2. Principal Place of Business - No P.O. Box # 13155 NOEL ROAD Suite, Apt. #, etc. SUITE 700, LB # 54		3. Mailing Address 13155 NOEL ROAD Suite, Apt. #, etc. SUITE 700, LB # 54	
City & State DALLAS, TX		City & State DALLAS, TX	
Zip 75240	Country USA	Zip 75240	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10. ADDITIONS/CHANGES 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"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Karen Reynolds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

42808 972-934-7413
Date Daytime Phone #