


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001398 1. Entity Name CAL MANAGEMENT L.L.C.	
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Principal Place of Business 16600 DALLAS PKWY SUITE 450 DALLAS, TX 75248	Mailing Address 16600 DALLAS PKWY SUITE 450 DALLAS, TX 75248
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04222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3675846	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKINNEY, HAROLD N 3617 BRANCHWOOD DR. PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FURLOW, E. DAVID 3812 VILLANOVA ST. DALLAS, TX 75225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEAGER, STEPHEN B 3701 VILLANOVA ST. DALLAS, TX 75225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIDGEWAY, J. LAWSON 17425 CLUB HILL CT. DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/04-80179-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

By: Harold N. McKinney, Manager

SIGNATURE: _____

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

April 23, 2004 (912) 818-8222

Date

Daytime Phone #