

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M02000003100

1. Entity Name
CHARITY REGIONAL MANAGERS, LLC



Principal Place of Business
16600 DALLAS PARKWAY
SUITE 450
DALLAS, TX 75248

Mailing Address
16600 DALLAS PARKWAY
SUITE 450
DALLAS, TX 75248



04222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3056987

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

**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
3671 BRANCHWOOD DRIVE
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000149220
05/03/04-80179-002 50.00

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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)(f), 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 (972) 818-8222

Date

Daytime Phone #