## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

4-26-05

(214) 446-3262

DOCUMENT # M0200003100  1. Entity Name CHARITY REGIONAL MANAGERS, LLC						05-02-2005 9	90120 02	!4 ****5C	0.00	
Principal Place of Business 16600 DALLAS PARKWAY SUITE 450 DALLAS, TX 75248  2. Principal Place of Business 3030 LB) Freeway		Mailing Address 16600 DALLAS PARKWAY SUITE 450 DALLAS, TX 75248 3. Mailing Address 3030 LB) FreeWay								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04262005	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State Dallas, TX			4. FEI Numb				plied For t Applicable	
Zip 7523	4 Country USA	75234	Country		<u> </u>	of Status Desired		\$5.00 Addi	itional	
,,,,	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
CTCORP	ORATION SYSTEM	Name	Vame							
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324	Street Address (P.O. Box Number is Not Acceptable)								
PLANTATI	ON, FL 33324									
		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 harrie or registered agents	ind the illapplicable. (1401	C. Heyistere	a viterii siği sami e redone	ou when reinstating)		DATE			
	ling Fee is \$50.00 ue by May 1, 2005				Make check payable to Florida Department of State					
9.	9. MANAGING MEMBERS/MANAGERS					ADDITIONS/	CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKINNEY, HAROLD N 3671 BRANCHWOOD DRIVE PLANO, TX 75093	Delete		1				☐ Change	☐ Addilion	
TITLE	MGR	Delete 1						☐ Change	Addition	
NAME	FURLOW, E. DAVID	•		E					i	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE	MGR	☐ Delete	TITLE	:				☐ Change	☐ Addition	
NAME	YEAGER, STEPHEN B		NAM						ľ	
CITY-ST-ZIP	3701 VILLANOVA ST DALLAS, TX 75225			ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITU					☐ Change	Addition	
NAME			NAM	E ET ADDRESS						
STREET ADDRESS CITY+ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITU	l l	•			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	E ET ADORESS					i	
CITY-ST-ZIP				-ST-ZIP		<u> </u>				
TITLE		☐ Delete	TITLI					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	E Et address						
CITY-ST-ZIP				-ST-ZIP						
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 eath; that I am a managing member or manager of the limited liability company or they exercise or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										