15. Entry Names CCHARITY REGIONAL MANAGERS, LLC Walting Address SIT BRACKWOOD DRIVE PLIND TX 7598 27. PRICEORD Price of Business 16600 Dollas Parkway 1660	2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)					FILED Apr 30, 2003 8:00 am Secretary of State		
Series Present Present Develope Present Presen	1. Entity Nam	ne ,	/					
Suite Apt Note	3671 BRANCHWOOD DRIVE PLANO TX 75093 2. Principal Place of Business 16600 Dollos Parkway Suite, Apt. #, etc. Suite 450 3671 BRANCHWOOD DRIVE PLANO TX 75093 3. Mailing Address 16600 Dollos Parkway Suite, Apt. #, etc. Suite 450					CHECK HERE IF MAKING CHANGES		
Country Total Country								
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The New Name and Address of New Registered Agent 8. The New Name and Address of New Registered Agent 8. The New New Registered Agent 8. The New New Registered Agent 9. The New Name and Address of New Registered Agent 9. The New Name and Address of New Registered Agent 9. The New Name and Address of New Registered Agent 9. The New New Registered Agent 9. The New Name and Address of New Registered Agent 9. The New New Registered Agent 9. The New Name and Address of New Registered Agent 9. The New Name and Address of New Registered Agent 9. The New New Address of New Registered A	Dallas .	אד		-		4. FEI Number 74-3056987		
E. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SQUITH PINE ISLAND ROAD PLANTATION FL 33324 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or pitted name of registered agent and tite! applicate. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS ITILE MARE MAKE MILE MAKE MCKINNEY, HAROLD N SIRET AGORSS CITY-ST-2P PLANO TX 75093 TILE MGR GRA GRA GRA GRA GRA GRA GRA		Country	Zip	Country	-	5. Certificate of Status Desired		
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 FILE NOW!!! FE IS \$50.00	1521			-		7. Name and Address of New Regi		
Street Address (P.O. Box Number is Not Acceptable)	CT	CORPORATION SYSTEM		=Name=	7			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Change Addition	j 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE Signature, typed or pirities raise of requisiverd agent and the # septicable. (NOTE Registered Agent agreature requisition) DATE				City			FL. Zip Cod	e
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11TLE MGR MCKINNEY, HAROLD N 3871 BRANCHWOOD DRIVE PLANO TX 75093 TITLE MGR MGR MCKINNEY, HAROLD N 3871 BRANCHWOOD DRIVE FURLOW, E. DAVID 5878ET ADDRESS CITY-51-2P FLANO TX 75093 TITLE MAME STREET ADDRESS CITY-51-2P FLANO TX 75093 TITLE MAME STREET ADDRESS CITY-51-2P FLANO TX 75093 TITLE MAME STREET ADDRESS CITY-51-2P FURLOW, E. DAVID STREET ADDRESS CITY-51-2P FLANO TX 75093 TITLE MAME STREET ADDRESS CITY-51-2P FLANO TX 75093 TITLE MAME STREET ADDRESS CITY-51-2P FURLOW, E. DAVID MAME STREET ADDRESS CITY-51-2P FURLOW, E. DAVI			or the purpose of changing i	ts registered office o	r registere	ed agent, or both, in the State of Florida	a. I am familiar with,	and accept
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR MCKINNEY, HAROLD N 3871 BRANCHWOOD DRIVE STREET ADDRESS	SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NO	OTE: Registered Agent signal	ure required v	when reinstating)	DATE	
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR MCKINNEY, HAROLD N 3871 BRANCHWOOD DRIVE STREET ADDRESS	<u> </u>		FILE	NOW!!! FEF IS \$	50.00			
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE MGR			j ·		-	t of State		
TITLE MARE MCKINNEY, HAROLD N SIRRET ADDRESS OTTY-ST-ZIP TITLE MGR FURLOW, E. DAVID STRET ADDRESS OTTY-ST-ZIP TITLE NAME STRET ADDRE			Ď	ue By May 1, 200	3			
MCKINNEY, HAROLD N 3671 BRANCHWOOD DRIVE PLANO TX 75093 TITLE NAME FURLOW, E. DAVID 3671 BRANCHWOOD DRIVE PLANO TX 75093 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	9.		ERS/MANAGERS	10.	1	ADDITIONS/CH		
CITY-ST-ZIP PLANO TX 75093 CITY-ST-ZIP MGR FURLOW, E. DAVID 3671 BRANCHWOOD DRIVE PLANO TX 75093 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY			☐ Delete				☐ Change	☐ Addition
MGR FURLOW, E. DAVID 3671 BRANCHWOOD DRIVE CITY-ST-ZIP PLANO TX 75093 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE	STREET ADDRESS							ļ
FURLOW, E. DAVID 3671 BRANCHWOOD DRIVE PLANO TX 75093 TITLE NAME YEAGER, STEPHEN B 3671 BRANCHWOOD DRIVE PLANO TX 75093 TITLE NAME STREET ADDRESS CITY-ST-ZIP PLANO TX 75093 TITLE NAME STREET ADDRESS CITY-ST-ZIP PLANO TX 75093 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET A			 -		24 G D			
CITY-ST-ZIP PLANO TX 75093 CITY-ST-ZIP MGR VEAGER, STEPHEN B 3671 BRANCHWOOD DRIVE PLANO TX 75093 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	í		L⊥ Delete	6	MOR	OW, E. DAVID	Change	L Addition
CITY-ST-ZIP PLANO TX 75093 CITY-ST-ZIP MGR VEAGER, STEPHEN B 3671 BRANCHWOOD DRIVE PLANO TX 75093 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					\$ 381	2 VILLANOVA ST.		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	DALL	AS, TX 75225		
STREET ADDRESS CITY-ST-ZIP PLANO TX 75093 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET A	TITLE NAME		· 🖃 Delete -		JEAG	DE STEPHEN B.	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	STREET ADDRESS				2701	AILLANONN 21.		
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S		PLANU TX 75093			DALL	AS, TH 75225		□ • 4.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		∟ Delete		 		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	STREET ADDRESS				ļ			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBJECT NAME STREET ADDRESS CITY-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	CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>			
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	TITLE		☐ Delete				☐ Change	☐ Addition
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-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	STREET ADDRESS						-	
NAME STREET ADDRESS CITY-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	CITY-ST-ZIP	•						
STREET ADDRESS CITY-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	TITLE		☐ Delete	TITLE			☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-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	NAME STREET ADDRESS							
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	CITY-ST-ZIP							ſ

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

(972) 818-8222 2/24/03