## 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED DOCUMENT # M03000002939 08 JUL -2 PM 1:58 CUSA EE. LLC ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5430 LBJ FREEWAY, 3 LINCOLN CENTER 5430 LBJ FREEWAY, 3 LINCOLN CENTER STE 1075 DALLAS, TX 75240 US DALLAS, TX 75240 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06062008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-0151982 Not Applicable Zip Country Ζıp Country \$5.00 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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 little if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR MGR X Addition TITLE TITLE ☐ Change Delete. BILL BERGSTROM LENTZSCH, CRAIG MNGR NAME NAME 5430 LBJ FREGWAY, 3 LINCOLN CENTER, STE 1075 STREET ADDRESS 5430 LBJ FREEWAY,3 LINCOLN CENTER,STE 1075 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 CITY-S1-ZIP DALLAS TX 75240 **GMGR** ☐ Delete TITLE MGR Change **■** Addition TITLE GEORBE MANEY ROGERS, GREG G/MNGR NAME NAME 5430 LBJ FREEWAY,3 LINCOLN CENTER,STE 1075 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 CITY-S1-ZIF DALLAS TX 75240 Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME 100132471261 87/88/08--01021--001 \*\*61 STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THTLE ☐ Delete TITLE ☐ Change NAM NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP HILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-\$1-ZIP 11. Thereby 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 trusteed empowered to execute this report as required by Chapter 608, Florida Statutes. George Maney <u>8006/05/110</u> SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGII