

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90031 037 \*\*\*\*50.00

**DOCUMENT # M03000003646**

1. Entity Name  
SCP 2003D-GL-7 LLC



Principal Place of Business  
3414 HANOVER STREET  
DALLAS, TX 75225

Mailing Address  
3414 HANOVER STREET  
DALLAS, TX 75225

**20050214**

2. Principal Place of Business  
3414 Hanover Avenue

3. Mailing Address  
3414 Hanover Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005 Chg-LLC CR2E083 (10/03)

City & State  
Dallas, Texas

City & State  
Dallas, Texas

4. FEI Number  
86-1086887

Applied For  
Not Applicable

Zip Country  
75225 USA

Zip Country  
75225 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME ENGLAND, GREG  
STREET ADDRESS 8333 DOUGLAS AVE., STE. 1500  
CITY-ST-ZIP DALLAS, TX 75225

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME LANDES, BRETT  
STREET ADDRESS 8333 DOUGLAS AVE., STE. 1500  
CITY-ST-ZIP DALLAS, TX 75225

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME PEARSON, JOHN  
STREET ADDRESS 8333 DOUGLAS AVE., STE. 1500  
CITY-ST-ZIP DALLAS, TX 75225

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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.

**SIGNATURE:**

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

Date

Daytime Phone #

4/20/05