


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90065 029 ****55.00

DOCUMENT # M04000005068

1. Entity Name
GP CADE, LLC



Principal Place of Business Mailing Address
P.O. BOX 143008 IRVING, TX 75015 **P.O. BOX 143008 IRVING, TX 75015**

20061344



2. Principal Place of Business 3. Mailing Address
5204 Tennyson Pkwy #300 Plano TX **P.O. Box 251089**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

08242005 Chg-LLC CR2E083 (10/03)

City & State City & State
Plano TX **Plano TX**

4. FEI Number Applied For
73-1717687 Not Applicable

Zip Country Zip Country
75024 USA **75024 USA**

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005 **Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CURTIS, JERRY P.O. BOX 143008 IRVING, TX 75015 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5204 Tennyson Pkwy #300 Plano, TX 75024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **Jerry Curtis** **8-25-05** **469-368-6400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #