

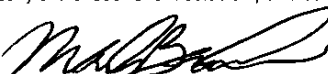


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90028 020 \*\*\*\*50.00

<b>DOCUMENT # M05000006222</b> 1. Entity Name <b>TRAJEN LIMITED, LLC</b>					
Principal Place of Business <b>3131 BRIARCREST DRIVE STE. 100 BRYAN, TX 77802</b>			Mailing Address <b>3131 BRIARCREST DRIVE STE. 100 BRYAN, TX 77802</b>		
2. Principal Place of Business - No P.O. Box # <b>6504 International Parkway</b> Suite, Apt. #, etc. <b>Suite 2400</b> City & State <b>Plano, TX</b> Zip <b>75093</b>		3. Mailing Address <b>6504 International Parkway</b> Suite, Apt. #, etc. <b>Suite 2400</b> City & State <b>Plano, TX</b> Zip <b>75093</b>			
4. FEI Number <b>33-1043787</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BUCARO, DAN 3131 BRIARCREST DRIVE, STE. 100 BRYAN, TX 77802</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Marla Beckham 6504 International Parkway Suite 2400 Plano, TX 75093</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer Calvin Miller 6504 International Parkway Suite 2400 Plano, TX 75093</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President - Lou Popper 6504 International Parkway Suite 2400 Plano, TX 75093</b>	
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	
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	
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	
11. I hereby 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b>  <b>Marla Beckham</b> <span style="float: right;">7/30/07 972-447-4244</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					