


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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


07-30-2007 90028 019 \*\*\*\*50.00

<b>DOCUMENT # M05000006224</b> 1. Entity Name <b>TRAJEN FBO, LLC</b>	
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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>
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**60053732**

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>
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07202007	Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>20-0980201</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEMS 1200 S. 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 <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCARO, DAN		NAME	Marla Beckham	
STREET ADDRESS	3131 BRIARCREST DRIVE, STE. 100		STREET ADDRESS	6504 International Parkway Suite 2400	
CITY-ST-ZIP	BRYAN, TX 77802		CITY-ST-ZIP	Plano, TX 75093	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Carvin Miller	
STREET ADDRESS			STREET ADDRESS	6504 International Parkway Suite 2400	
CITY-ST-ZIP			CITY-ST-ZIP	Plano, TX 75093	
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Low Pepper	
STREET ADDRESS			STREET ADDRESS	6504 International Parkway Suite 2400	
CITY-ST-ZIP			CITY-ST-ZIP	Plano, TX 75093	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: Marla Beckham *Marla Beckham* 7/30/07 972-447-6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #