#### **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

### DOCUMENT # M06000000454

1. Entity Name JSW PARCEL 4, LLC



Principal Place of Business

4890 ALPHA ROAD, SUITE 100 DALLAS, TX 75244

Mailing Address

4890 ALPHA ROAD, SUITE 100 DALLAS, TX 75244

# FILED Aug 27, 2007 8:00 am Secretary of State

08-27-2007 90121 010 \*\*\*\*50.00

60055113



08222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-3158465

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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

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	8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.	r registered agent, or both, in the State of Florid	a. I am familiar with, and accept
S	SIGNATURE		

(NOTE: Registered Agent signature required when reinstating)

#### Filing Fee is \$50.00 Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON-SHAW/TRADEPORT LAND, LP 4890 ALPHA ROAD, SUITE 100 DALLAS, TX 75244		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			

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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 on the receiver or justice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

8-24-07 972-628-7400