

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000004439

1. Entity Name
GILCREASE & PARTNERS, L.L.C.



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
**6338 N NEW BRAUNDELS AVE
163
SAN ANTONIO, TX 78209**

Mailing Address
**6338 N NEW BRAUNDELS AVE
163
SAN ANTONIO, TX 78209**



07072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0252283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PICKERING, MARK
STREET ADDRESS	6338 N NEW BRAUNDELS AVE
CITY-ST-ZIP	SAN ANTONIO, TX 78209
TITLE	MGRM
NAME	WEAVER, CRAIG
STREET ADDRESS	6338 N NEW BRAUNDELS AVE
CITY-ST-ZIP	SAN ANTONIO, TX 78209
TITLE	MGRM
NAME	GILCREASE, GREGORY
STREET ADDRESS	6338 N NEW BRAUNDELS AVE
CITY-ST-ZIP	SAN ANTONIO, TX 78209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954242
07/11/08-80005-013 138.75

**DO NOT WRITE
IN THIS SPACE**

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: **MARK PICKERING** 7/8/08 (210) 824 0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #