

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000004439

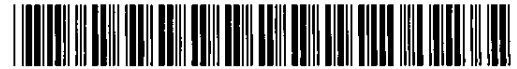
1. Entity Name  
GILCREASE & PARTNERS, L.L.C.



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

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



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 ☐

**\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PICKERING, MARK  
6338 N NEW BRAUNDELS AVE  
SAN ANTONIO, TX 78209

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

7/8/08  
Date

(210) 824 0500  
Daytime Phone #