## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 02, 2008 8:00 am Secretary of State

1. Entity Nam	ne	# MO700000			04-29-20	_				
Principal Place 8214 WESTO NINTH FLOO DALLAS, TX	HESTER DR		Mailing Address 8214 WESTCHESTER DRIVE NINTH FLOOR DALLAS, TX 75225			AL BERLI ITON OTIK GERI T			IIIIIIII 10403	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03182008	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			4. FEI Numi	562104	•	-	pplied For ot Applicable
Zip	Country		Zip	Zip Counti		5. Certificat	e of Status Desired		\$5.00 Ad Fee Require	
	6. Name	and Address of Current F	Registered Agent	Name	7. Name an	d Address of New	Registered	Agent		
,		N SYSTEM	Street Address (P.O. Box Number is Not Acceptable)							
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address			Der is Not Acceptab			<del></del>
	<i>-</i> 21			City					Zip Coc	
					<u></u>	and agent or b	ash in the State of E	FL	·	
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										
- SIGNATURE	Signature, typed	or printed name of registered agent ar	nd tide if Applicable, (NOT)	E- Registere	d Agent signature receive	d when reinstating)		DATE		
File After May	E NOW!!! y 1, 2008	FEE IS \$138.75 Fee will be \$538.75				Make check payable to Florida Department of State				
9. :	<del></del>	MANAGING MEMBER		10.			ADDITIONS	/CHANGES		
NAME	MGR PATIN, M	IITZI	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS	8214 WE	STCHESTER DRIVE		STRE	ET ADORESS					
CITY-ST-ZEP	MGR	TX 75225	Oelete	TITLE	- ST- ZIP				☐ Change	Addition
HAME	RILEY, SCOTT				£				,.	<u></u>
STREET ADDRESS CITY-ST-ZIP		STCHESTER DRIVE TX 75225			et adoress - St-zip					
TITLE			☐ Detete	TITLE					Change	Addition
NAME STREET ADDRESS				HAM! STRE	ET ADORESS					
CITY-S1-ZIP				CITY	-ST-21P			·		
I TITLE	ĺ		C) Delete	TITLE	j				Change	Addition
STREET ADDRESS					ET ADDRESS					
TITLE	ļ		☐ Delete	TITLE	ST-ZIP				Change	
NAME			O Delete	NAMI	l l					
STREET ADORESS CITY-SI-ZIP					ET ADORESS -ST-ZIP					
TITLE	<del> </del>		☐ Detate	TITLE					☐ Change	☐ Addition
NAME				NAMA	1					
STREET ADDRESS CITY-ST-ZIP				•	ET ADDRESS -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 sonature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the received empoyered to execute this report as required by Chapter 608, Florida Statutes.										
Mit. Datis astrologo (211) as 21 00										
SIGNATURE: Mitzi Patin 03/18/2008 (214)696-3600										