FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		97 MAR PN 2: 46			
FILING \$ 203	3.75 Make Check P	ayable To: FLO	RIDA DEPARTM	Corporation Supplemental Fee DA DEPARTMENT OF STATE		SECRETARY OF STATE TALLAHASSEE FLORIDA		
of Limited Liability Company T-REX INVESTMENTS LIMITED LIABILITY COMPAN Y, L.C. 1705 NATIONAL BOULEVARD MIDWEST CITY OK 73110					1a. Principal Place of Business Address 1705 NATIONAL BOULEVARD MIDWEST CITY OK 73110			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in E 2. Principal Place of Business 2a. Malling Address					2 Data Organiza	d or Qualified T	9a State of Formation	
2. Principal Place of business			alling Address		3. Date Organized or Qualified 3a. State of Formation 01/10/1994 OK			
Suite, Ap	t. #, etc.	Suite,	Suite, Apt. #, etc.			<u></u>	Applied For	
City & State		City &	City & State				Not Applicable	
Zip	Country	Žιρ		Country	03/18/199	` P	6. Certificate of Status Desired 58.75 Additional Fee Required	
	7. Name and Address	of Current Registere	ed Agent		8. Name and Addr		stered Agent	
its registe	ered office or registered agent, or ered agent, and accept the oblig JRE	r both, in the State of F gations.	Torida. Such change v	vas authorized by affirm	ed liability company su native vote of a majority D	FL ibmits this stateme y of the members. I	Zip Code ent for the purpose of changing hereby accept the appointment	
10. Title				HOTE Registered Agent signature required when reinstating Business Street Address		City, State and Zip Code		
MGRM	JRB INVESTMENT	rs, inc.	1750 NAT	ONAL BOULI		-03/11/9	105828 9701134001 8.75 ****203.75	
Indicated limited lial attachmen	preby certify that the information on this annual report is true and billity company or the receiver or nt with an address.	accurate and that my	y signature shall have	the same legal effect a	as if made under oath;	that I am a manag	ging member or manager of the e appears in Block 10, or on an	
	SIGNATI	URE AND TYPED OR PRINTE	D NAME OF SIGNING MANA	AGING MEMBER OR MANAGER	1	Date	Daytime Phone #	