

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M94000000003**

1. Entity Name

**T-REX INVESTMENTS LIMITED LIABILITY COMPANY, L.C****FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90256 020 \*\*\*\*50.00

**967781**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1705 NATIONAL BOULEVARD  
MIDWEST CITY OK 73110**

Mailing Address

**1705 NATIONAL BOULEVARD  
MIDWEST CITY OK 73110**

2. Principal Place of Business

**Same**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**73-1434205**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOOREY, THOMAS E  
1430 ROYAL PALM SQUARE BLVD., SUITE 105  
FORT MYERS FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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 \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JRB INVESTMENTS, INC.  
1750 NATIONAL BOULEVARD  
MIDWEST CITY OK 73110** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED****5/1/02**

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

Date

Daytime Phone #

0048841

CR2E083 (9/01)