


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR 22 PM 4: 08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b> <b>\$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M95000000261</b>  THE HERITAGE ORGANIZATION, L.L.C. POST OFFICE BOX 168 PLEASANT VIEW TN 37040	
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1a. Principal Place of Business Address  5001 SPRING VALLEY RD. STE. 800E DALLAS TX 75244
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2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
09/11/1995	DE
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
75-2574920	
5. Date of Last Report	6. Certificate of Status Desired
03/09/1998	\$875 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33334
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8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
<del>MGR</del>	<del>THE HERITAGE ORGANIZAT</del>	<del>5001 SPRING VALLEY RD., #8</del>	<del>DALLAS TX</del>
MGRM	GMK Family Holdings	5001 Spring Valley Rd #800E	Dallas, TX 75244

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 \*\*\*\*188.75 \*\*\*\*188.75

SC  
 3-25-99

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

By **GMK Family Holdings as Manager**

SIGNATURE *Cecilia Walker as Treas* DATE 2/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER