	D LIABILI' NNUAL F 199		LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee											
\$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company   DOCUMENT # M95000000261  THE HERITAGE ORGANIZATION, L.L.C. POST OFFICE BOX 168 PLEASANT VIEW TN 37040							SECRETARY OF STATE TALLAHASSEE, FLORIDA  1a. Principal Place of Business Address  5001 SPRING VALLEY RD. STE. 800E DALLAS TX 75244				
											Principal Place of Business
Suite, Apt #, etc.			Suite. Apt # etc.				09/11/	1995	DE		
City & Stat				City & State			4. FEI Number 75-2574920			Applied For  Not Applicable	
			<u> </u>				5. Date of Last Report		6. Certificate of Status Desired		
Zip		Country	Zip		Count	ry	03/09/	1 9 9 8	j	ional Fee Required	
7. Name and Address of Currer			t Registered	Agent	<del></del>		Name and Addre		tered Agen	t/Office	
its register	ed office or reg	sions of Sections 608.416 pistered agent, or both, in the accept the obligations.									
SIGNATU	RE	(Registered Agent Accepting	Appointment) (N	IOTE Registered A	gent signatur	e required where remstalt	(ng)	DATE			
0. Title	Title Managing Members/Managers			Business Street Address			City, State and Zip Code				
MGRM				5001 SPRING VALLEY 5001 Spring Valley			y Rd #80 FH	9:, #8 DALLAS TX 8 #800E Dallas, TX 75244 F:00000000000000000000000000000000000			
indicated o	n this annual i	t the information supplied veryont is true and accurate	and that my s	ignature shall	have the:	same legal effect a		th; that I am a mai	naging mem	ber or manager of the	

JNHSE10 R (12-98)