2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M95000000261

1. Entity Name

CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-7/2

THE HERITAGE ORGANIZATION, L.L.C.



Principal Place of Business

Mailing Address

5001 SPRING VALLEY RD. STE, 800E DALLAS, TX 75244

POST OFFICE BOX 168 PLEASANT VIEW, TN 37040

FILED

-Apr 15, 2004 08:00 AM Secretary of State

04062004 No Chg-LLC

CR2E083 (10/03)

Applied For 4. FEI Number 75-2574920 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33334

DO NOT WRITE IN THIS SPACE

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ine congalitors of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50,00 Due by May 1, 2004		U00000113598 04/15/04-80016-006 50.00	
9.	MANAGING MEMBERS/MANAGERS	The second secon	And the second s
TITLE	MGRM		
NAME	GMK FAMILY HOLDINGS		
STREET ADDRESS	5001 SPRING VALLEY RD., #800E		
CITY-ST-ZIP	DALLAS, TX 75244		
TILE		e van de	Frankrich (1964) - John Buller (Kasaki)
NAME		* * * * * * * * * * * * * * * * * * * *	
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3. 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

11. I hereby certify that the information supplied with this filling 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 608, Florida Statutes.

SIGNATURE: 3

4/8/04

615.746-2411

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