



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M95000000261 1. Entity Name THE HERITAGE ORGANIZATION, L.L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC -9 AM 9:23	
Principal Place of Business 5001 SPRING VALLEY RD. STE. 800E DALLAS, TX 75244				Mailing Address POST OFFICE BOX 168 PLEASANT VIEW, TN 37040			
2. Principal Place of Business 400 N. Saint Paul		3. Mailing Address Same					
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc.					
City & State Dallas, TX		City & State					
Zip 75201		Country Dallas		4. FEI Number 75-2574920		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33334			
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM GMK FAMILY HOLDINGS 5001 SPRING VALLEY RD., #800E DALLAS, TX 75244				TITLE NAME STREET ADDRESS CITY-ST-ZIP Chapter 11 Trustee Dennis Faulkner 400 N. Saint Paul, Suite 600 Dallas, TX 75201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP 700062045837 12/09/05--01054--001 **\$5.00			
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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 608, Florida Statutes.							
SIGNATURE: <u>Dennis Faulkner</u> Dennis Faulkner, Trustee 11/7/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							

REINSTATEMENT