LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE					FILED			
	ANNUAL REPORT 1998		Secretary of DIVISION OF COR		98 APR 20 AM II: 51 SECRETARY OF STATE TALLAHASSEE. FLORIDA			
<u>\$ 188</u>		le To: FLOR	Corporation Sup IDA DEPARTMEI # M960000	IT OF STATE				
	ASHLEY AVERY'S C LIABILITY COMPA 100 GLENBOROUGH, HOUSTON TX 77067	OLLECTA NY	BLES RETAI	L LIMITED	l var i morpari i	NBOROUG	H, SUITE 1450	
2. Principal Place of Business		2a. Mail	2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Ar	Suite, Apt. #, etc.		06/21/1996 4. FEI Number		TX	
City & State		City & St	City & State			0.50	Applied For	
					76-0450258 5. Date of Last Report		Not Applical 6. Certificate of Status Desire	
Žip	Country	Zip	Cour	ntry	03/03/1		SB.75 Additional Fee Required	
	7. Name and Address of Cur	rent Registered	Agent				tered Agent/Office	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc.					P.O. Box Number is Not Acceptable) 1000249705104/22/9801104001			
				City				
its register	and to the provisions of Sections 608. red office or registered agent, or both, red agent, and accept the obligations RE	n the State of Flo i.	rida. Such change was	authorized by affirma	tive vote of a majori			
SIGNATIO	(Registered Agent Accepting Appointment) (f Managing Members/Managers		OTE Registered Agent signature required when reinstating Business Street Address		n)	City, State and Zip Code		
10. Title	Managing Members/Mana				•••	1		
	Managing Members/Mana						HOUSTON TX	
	AVERY, MARK		100 GLENE	SOROUGH DE	R., 14TH	HOUSTO	N TX	
10. Title			100 GLENE		•	HOUSTO		
10. Title	AVERY, MARK		1	OROUGH DE	., 14TH	!	N TX	
MGR	AVERY, MARK JONES, JOHN W		100 GLENE	OROUGH DE	14TH	HOUSTO	ON TX	
MGR MGR MGR	AVERY, MARK JONES, JOHN W AVERY, KATHY	P-E	100 GLENE	OROUGH DE	14TH	HOUSTO	N TX XT NO XT - X	

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. (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

SIGNATURE: Work Gr. Chary

Sylvature and type D OR PRINTED NAME OF STAING MANAGING MEMBER OR MANAGER