2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY 🔏 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 AUG 10 AM 8:41 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 588.7**5** 1. Name and Mailing Address **DOCUMENT #** of Limited Liability Company M96000000228 1a. Principal Place of Business Address JAX/CYPRESS SERVICES, L.L.C. 6750 LBJ FREEWAY, SUITE 1100 6750 LBJ FREEWAY, SUITE 1100 DALLAS TX 75240 DALLAS TX 75240 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 06/26/1996 4. FEI Number TX Suite, Apt. #, etc. Suite, Apl. #, etc. Applied For City & State City & State Not Applicable 75-2656357 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 04/25/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE, SUITE 200 TALLAHASSEE FL 32301 Suite, Apt. #, etc. City 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 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 __ (Registered Agent Accopting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 6750 LBJ FREEWAY, STE. 110 DALLAS TX MGR MAGUIRE, CHRIS 0002616216---08/14/98--01049--006 ****588.75 ****588.75

11. Ide 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 reped is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited fiability company or the receiver of trestee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

972-960-4257

attachment with an address

SIGNATURE: