

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000228

1. Entity Name

JAX/CYPRESS SERVICES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:40

mjs



Principal Place of Business

6750 LBJ FREEWAY, SUITE 1100
DALLAS TX 75240

Mailing Address

6750 LBJ FREEWAY, SUITE 1100
DALLAS TX 75240-6599

2. Principal Place of Business

15601 Dallas Parkway
Suite, Apt. #, etc.
Suite 400

3. Mailing Address

15601 Dallas Parkway
Suite, Apt. #, etc.
Suite 400

City & State

Addison Tx

City & State

Addison Tx

Zip

75001

Country

Dallas

Zip

75001

Country

Dallas

4. FEI Number

75-2656357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.

526 EAST PARK AVENUE, SUITE 200
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME MAGUIRE, CHRIS
STREET ADDRESS 6750 LBJ FREEWAY, STE. 1100
CITY- ST- ZIP DALLAS TX 75240
*15601 Dallas Pkwy
400
Dallas TX 75001*

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
*7000003188967--1
-03/29/00--01074
*****50.00 *****50.00*

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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/99)