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APPROVAL
AND
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P. 4

2001 UNIFORM BUSINESS REPORT (UBR)

01 SEP 28 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

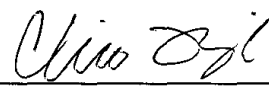
DOCUMENT # M-96000000228			
1. Entity Name Jax/Cypress Services, LLC 15601 Dallas Parkway, Suite 400 Addison, Texas 75001			
Principal Place of Business		Mailing Address	
15601 Dallas Parkway Suite 400 Addison, Texas 75001		Same	
2. Principal Place of Business		3. Mailing Address	
Site, Apt. #, etc.		Site, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-2656357		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
Name NRAI SERVICES, INC. 526 East Park Avenue, Suite 200 Tallahassee, FL 32301			
7. Name and Address of New Registered Agent			
Name Capitol Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1333 North Duval St. City Tallahassee FL Zip Code 32303			
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 Delanie Case, Asst. Sec.		DATE 9-27-01	
(NOTE: Registered Agent signature required when releasing)			
9. MANAGING MEMBERS/MEMBERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member Christopher C. Maguire 15601 Dallas Parkway, Suite 400 Addison, Texas 75001	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Scott Harrington 15601 Dallas Parkway, Suite 400 Addison, Texas 75001	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 808, Florida Statutes.			
SIGNATURE: See attached signature page		September 26, 2001 972/361-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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*****50.00 *****50.00
DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

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JAX/CYPRESS SERVICES, L.L.C.,
a Texas limited liability company,

By: 
Christopher C. Maguire,
President