FILE NOW: Fee after May 1, will be \$588.75



APPROVED AND FILED

ANNUAL REPORT 1997		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		1997 JUN 16 PM 3: 46		
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				ÄT Ä	BECRETARY OF S ILLAHASSEE, FI	LORIDA
1. Name and Malling Address of Limited Liability Company DOCUMENT #M9600000240						
TWO AH, IC. 5851 SAN FELIPE, #300 HOUSTON TX 77057 If above malling address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				1a. Principal Place of Business Address 5851 SAN FELIPE, #300 HOUSTON TX 77057		
Principal Place of Business	g Address		3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. W, etc. Suite, Api		. #, etc.		D7/05/1996 ‡X		
				4. FEI Number Applied For		
City & State City & Sta		te		76-0504514 Not Applicable		
Z ip Country	Zip	Count	5. Date of Las		`	ificate of Status Desired
7. Name and Address of Currer	t Registered 4	Agent	<u> </u>	B. Name and Addr	ress of New Registered	
Name						
T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION F1, 33324			Street Address (P.O. Box Number Is Not Acceptable)			
MINITED SOCIA	Sulte, Apt. #, etc.		lc.			
		City		Zip Code		
Pursuant to the provisions of Sections 608.416 its registered office or registered agent, or both, in the as registered agent, and accept the obligations.	and 608 508, ne State of Flori	Florida Statutes, the a ida. Such change was a	bove-named limite authorized by affirn	ed liability company su native vote of a majorit	abmits this statement for ty of the members. I hereby	the purpose of changing y accept the appointment
SIGNATURE	OTE Registered Agent signatu	ent signature required when reinstating)		DATE		
10. Title Managing Members/Manag	· · · · · · · · · · · · · · · · · · ·	Business Street Address			City, State and Zip Code	
1GRM HREBENAR, MICHAEL 1GRM-DURHAM, RIGHARD A		51 SAN FELIPE, #300 HOUSTON TX 51 SAN FELIPE, #300				
				80	0002215 -06/18/97 ****588.75	·01073002 ****588.75
11. Ido harehy certify that the information supplied	with this filling of	nge not qualify for the ex	remotion stated in	Section 118 07/3\/0\	Florida Statutes, I turther o	certify that the information

In Turner by certify that the information supplied with this nining does not quality for the exemption stated in Section 119.07(3) (1), Florida Statutes. Truther 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 attachment with an address.

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