File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham DIVISION OF CORPORATIONS ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR -2 AM 8: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Malling Address of Limited Liability Company **DOCUMENT # M97000000035** 1a. Principal Place of Business Address CASPIAN REAL ESTATE, L.C. 1017 ELM STREET, STE. 109 1017 ELM STREET, STE. 109 CARROLLTON TX 75006 CARROLLTON TX 75006 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 01/23/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 75-26274*5*5 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office B&C CORPORATE SERVICES OF CENTRAL FL, Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801 Suite, Apt. #, etc. City Zip Code 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 purpose of changing 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 Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGRM VOELKER, ROBERT H 335 STILL FOREST COPPELL TX MGRM HALL, BRUCE A 836 BLUE JAY LANE COPPELL TX 200002452172---03/10/98--01045--011 \*\*\*\*188.75 \*\*\*\*188.75 11. I do hereby certify that the information supplied with this filling 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE: