File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY DIVISION OF CORPORATIONS **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 LPR - 7 PM 2: 22 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT # M970000000035** 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 200 E. Sandy Lake Rd., Suite 146 700 E. Sandy Lake Rd. Swite 146 Coppe 11 T 3. Date Organized or Qualified COPPELL T 2 Principal Place of Business 3a. State of Formation 2a. Mailing Address 01/23/1997 TXSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 75-2627455 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/02/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office B&C CORPORATE SERVICES OF CENTRAL FL, 390 N. ORANGE AVENUE, SUITE 1100 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 Sulte, Apt. #, etc. 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) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers VOELKER, ROBERT H 335 STILL FOREST COPPELL TX MGRM 836 BLUE JAY LANE COPPELL TX MGRM HALL, BRUCE A 11. Ido 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 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 employered 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 ON MANAGER

SIGNATURE: