
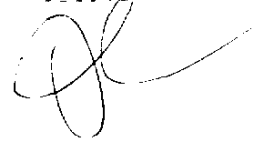


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAY -8 PM 5:00 TALLAHASSEE, FL	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000294 FCH/DT LEASING II, L.L.C. 545 EAST JOHN CARPENTER FREEWAY, STE. 1300 IRVING TX 75062				1a. Principal Place of Business Address 545 EAST JOHN CARPENTER FREE IRVING TX 75062	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 05/19/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation DE	
City & State		City & State		4. FEI Number 75-2709533 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Date of Last Report 04/02/1998	
7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
8. Name and Address of New Registered Agent/Office					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
Suite, Apt. #, etc.					
City				Zip Code	
				FL	
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 _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing agent.)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	COCORAN, THOMAS J JR.	545 EAST JOHN CARPENTER FR		IRVING TX	
MGR	CHURCHEY, RANDALL L	545 EAST JOHN CARPENTER FR		IRVING TX	
MGR	ROBINSON, LAWRENCE D	545 EAST JOHN CARPENTER FR		IRVING TX	
000002868730--9 -05/10/99--01005--004 ****188.75 ****188.75 					
11. I do 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 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: _____		04/29/99 972/44 4 -4900			
Thomas J. Cocoran, Jr.		Manager			