

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000146

1. Entity Name
UNITED PROPERTIES SOUTHWEST, LLC



Principal Place of Business
**5310 HARVEST HILL, SUITE 288
LOCK BOX 108
DALLAS, TX 75230**

Mailing Address
**5310 HARVEST HILL, SUITE 288
LOCK BOX 108
DALLAS, TX 75230**



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2620143

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PICKENS, GARY D
5310 HARVEST HILL, SUITE 288
DALLAS, TX 75230**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PICKENS, SHERYL D
5310 HARVEST HILL, SUITE 288
DALLAS, TX 75230**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SVP
COOK, THOMAS E
5310 HARVEST HILL, SUITE 288
DALLAS, TX 75230**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000214857
02/04/05-80030-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #