

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000146

FILED
Jan 17, 2006
Secretary of State

Entity Name: UNITED PROPERTIES SOUTHWEST, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 75-2620143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PICKENS, GARY D
Address: 5310 HARVEST HILL, SUITE 288
City-St-Zip: DALLAS, TX 75230

Title: MGRM () Delete
Name: PICKENS, SHERYL D
Address: 5310 HARVEST HILL, SUITE 288
City-St-Zip: DALLAS, TX 75230

Title: SVP () Delete
Name: COOK, THOMAS E
Address: 5310 HARVEST HILL, SUITE 288
City-St-Zip: DALLAS, TX 75230

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY D PICKENS

MGRM

01/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date