File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY -3 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee STORETARY GLISTANS \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # M98000000364** 1a. Principal Place of Business Address FCH/SH LEASING, L.L.C. 545 EAST JOHN CARPENTER FREEWAY, STE. 1300 545 EAST JOHN CARPENTER FREE IRVING TX 75062 IRVING TX 75062 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 04/17/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 75-2712394 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zıp \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CORPORATION SERVICE , 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.436 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 545 EAST JOHN CARPENTER FR IRVING TX CORCORAN, THOMAS J MGR ROBINSON, LAWRENCE D 545 EAST JOHN CARPENTER FR IRVING TX MGR TETOMAN - NERVEY-A----MORT MGR CHURCHEY, RANDALL L 545 EAST JOHN CARPENTER FR IRVING TX 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. Ffurther certify that the information 11. Too hereby certify that the information supplied with this limited and that my signature is 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

Themas will to Composition of the MANAGER

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attachment with an address.

SIGNATURE: