

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90258 049 ****50.00

DOCUMENT # M98000000364

1. Entity Name
FCH/SH LEASING, L.L.C.



Principal Place of Business Mailing Address
545 EAST JOHN CARPENTER FREEWAY, STE. 1300 545 EAST JOHN CARPENTER FREEWAY, STE. 1300
IRVING, TX 75062 IRVING, TX 75062

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 75-2712394 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME CORCORAN, JR., THOMAS J
STREET ADDRESS 545 EAST JOHN CARPENTER FREEWAY, STE. 1300
CITY-ST-ZIP IRVING, TX 75062

TITLE MGR ☒ Change ☐ Addition
NAME Richard A Smith
STREET ADDRESS 545 E. John Carpenter Frewy #1300
CITY-ST-ZIP Irving TX 75062

TITLE MGR ☐ Delete
NAME ROBINSON, LAWRENCE D
STREET ADDRESS 545 EAST JOHN CARPENTER FREEWAY, STE. 1300
CITY-ST-ZIP IRVING, TX 75062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME WIESE, THOMAS L
STREET ADDRESS 545 EAST JOHN CARPENTER FREEWAY, STE. 1300
CITY-ST-ZIP IRVING, TX 75062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Roxanne Bianchi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-15-06 972.444.4935
Date Daytime Phone #