

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001607  
AF

**DOCUMENT # M98000000625**  
1. Entity Name  
**S&A FEE PROPERTIES SPE 1, L.L.C.**

00 MAY - 1 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 6500 INTERNATIONAL PARKWAY, PLANO TX 75093  
Mailing Address: TAX DEPT., P.O. BOX 261830, PLANO TX 75026-1830



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

4. FEI Number: **NOT APPLICABLE**  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent  
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.  
SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	CALDWELL, EUGENE		
STREET ADDRESS	6500 INTERNATIONAL PARKWAY		
CITY-ST-ZIP	PLANO TX 75093		
MGR	WATSON, TODD M		
STREET ADDRESS	6500 INTERNATIONAL PARKWAY		
CITY-ST-ZIP	PLANO TX 75093		
MGRM	S&A PROPERTIES CORP.		
STREET ADDRESS	6500 INTERNATIONAL PARKWAY		
CITY-ST-ZIP	PLANO TX 75093		


I 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 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:** *Eugene Caldwell* **REQUIRED** 4.26.2000 972-588-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)