

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90019 042 ****50.00

DOCUMENT # M98000000625

1. Entity Name
S&A FEE PROPERTIES SPE 1, L.L.C.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR CALDWELL, EUGENE**
 STREET ADDRESS **6500 INTERNATIONAL PARKWAY**
 CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ Change ☒ Addition
 NAME **AS Diana S. Wynne**
 STREET ADDRESS **6500 International Parkway**
 CITY-ST-ZIP **Plano, Tx 75093**

TITLE ☐ Delete
 NAME **MGR WATSON, TODD M**
 STREET ADDRESS **6500 INTERNATIONAL PARKWAY**
 CITY-ST-ZIP **PLANO TX 75093**

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

TITLE ☐ Delete
 NAME **MGRM S&A PROPERTIES CORP.**
 STREET ADDRESS **6500 INTERNATIONAL PARKWAY**
 CITY-ST-ZIP **PLANO TX 75093**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 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: *[Signature]* **DIANA S. WYNNE**
ASSISTANT SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-17-02

972-588-5000

Date

Daytime Phone #

CR2E083 (9/01)