

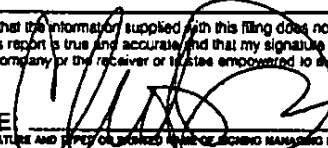
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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30006627

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03182008 Chg-LLC		CR2E083 (12/06)	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-appointing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUNCO, VINCENT T 6500 INTERNATIONAL PARKWAY PLANO, TX 75093 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRESIDENT DIRECTOR ☐ Change ☒ Addition CLAYTON M. DOVER 6500 INTERNATIONAL PKWY PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD WILSON, JEFFREY 6500 INTERNATIONAL PARKWAY PLANO, TX 75093 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, D VICE PRESIDENT DIRECTOR ☐ Change ☒ Addition SHARON HUDGINS MESSERLY 6500 INTERNATIONAL PKWY PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 		CLAYTON M. DOVER, PRESIDENT 4/1/08 972-588-5000	
SIGNATURE AND TYPE OF PERSON AUTHORIZED TO SIGN: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	