## AND FILED

## 2000 UNIFORM BUSINESS REPORT (UBR)

STF FL32519F.1

|   |   |                                 |                                  | <u> </u>    | •                           |             |  |                                |          |                                  |          |  |
|---|---|---------------------------------|----------------------------------|-------------|-----------------------------|-------------|--|--------------------------------|----------|----------------------------------|----------|--|
| DOCUMENT # M9800000637  1. Entity Name  |   |                                 |                                  |             |                             |             | 00 MAY 23 AM 7: 56   |                                |          |                                  |          |  |
| S&A FEE PROPERTIES SPE 2, L.L.C.  |   |                                 |                                  |             |                             |             | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |                                |          |                                  |          |  |
| Discipal Place of Purioses Mailing Address  |   |                                 |                                  |             |                             |             | The Committee of the Co |                                |          |                                  |          |  |
| Principal Place of Business Mailing Address 6500 INTERNATIONAL PKWY 6500 INTERNATIONAL  |   |                                 |                                  |             | NAL PKWY                    | .           |  |                                |          |                                  |          |  |
| PLANO,  | TEXAS   | 75093                           | PLANO, TEXAS 75093               |             |                             |             |  |                                |          |                                  |          |  |
|   |   |                                 | ATTN: TAX DEPT                   |             |                             | -           |  |                                |          |                                  |          |  |
| 2. Principal P  | Place of Bus                                    | siness                          | 3. Mailing Address               |             |                             | $\dashv$    |  |                                |          |                                  |          |  |
| Suite, Apt. #, etc.= : ==================================   |   |                                 | = Suite, Apt. #, etc.            |             |                             |             | DO NOT WRITE IN TH   | IIS SP                         | ACE.     |                                  |          |  |
| City & State  |   |                                 | City & State                     |             |                             | 4. FE       | El Number  |                                | $\vdash$ | Applied For<br>Not Applicab      | le.      |  |
| Zip   |   | Country                         | Zip                              | Co          | untry                       | 5. Ce       | ertificate of Status Desired   | \$5.00 Additional Fee Required |          |                                  |          |  |
|   | 6. Name   | and Address of Current R        | tegistered Agent                 |             |                             | 7. Nar      | me and Address of New Register   |                                |          | ii Çü                            | Ⅎ        |  |
| CORDOR  | N SERVICE CO                                    | MDANV                           |                                  | Name        |                             |             |  |                                |          |                                  |          |  |
|   |   |                                 | MEMNI                            |             |                             |             | Street Address (P.O. Box Number is Not Acceptable)   |                                |          |                                  |          |  |
| 1201 HAYS STREET  |   |                                 |                                  |             |                             |             |  |                                |          | -                                | _        |  |
| TALLAH.   | ASSEE   | E, FL 32301                     |                                  |             |                             |             |  |                                |          |                                  |          |  |
|   |   |                                 |                                  |             | City                        |             | F  | EL                             | Zip C    | Code                             | ٦        |  |
| 8. The above  | named en  | tity submits this statement     | for the purpose of changin       | ıg its reç  | istered office or           | registere   | ed agent, or both, in the State of Flo   | orida.                         |          |                                  | $\dashv$ |  |
| 1   |   | •                               |                                  |             |                             |             |  |                                |          |                                  |          |  |
| SIGNATURE   | Signature, t                                    | yped or printed name of registe | ered agent and title if applicab | le.         | (NOTE: Registered           | d Agent sig | gnature required when reinstating)   | DATE                           |          |                                  |          |  |
|   |   |                                 |                                  |             |                             |             | ·  |                                |          |                                  | ٦        |  |
| FILE NOW!!!  Make Check Payable   |   |                                 |                                  |             |                             |             |  | <u></u>                        |          | . <del>*</del>                   | - -      |  |
| ····  |   |                                 | er i ingg will,                  |             |                             |             | ADDITIONAGO  |                                |          |                                  | _        |  |
| 9.<br>TITLE   | MGR   | MANAGING MEMBER                 | S/MANAGERS Delete                | 10.<br>ππ   |                             |             | ADDITIONS/CHANGE   | <u> </u>                       | Chang    | e Additio                        | n g      |  |
| NAME -  |   | NE CALDWEL                      | L                                | E           |                             |             |  |                                |          |                                  |          |  |
| STREET ADDRESS<br>CITY - ST - ZIP   | 1 6500<br>LDT AM                                | INTERNATION<br>O, TEXAS 75      | AL, PKWY STREET ADDRESS -        |             |                             | 25 V        |  |                                |          |                                  | è        |  |
| TITLE   | MGR   |                                 | Delete                           | ПП          |                             |             |  | · (·                           | Chang    | e Additio                        | 귀ᅙ       |  |
| NAME OF BOOK  | TODD  | M. WATSON                       | MAT DEMONS                       | NAM         |                             |             | · ·  |                                | • .      |                                  |          |  |
| STREET ADDRESS<br>CITY - ST - ZIP   | PLAN  | INTERNATION TEXAS 75            | NAL PKWI (*                      | •           | EETADORESS                  |             | THE PARTY OF THE P |                                |          | ٠                                | 1        |  |
| TITLE   | MGRM  | Delete                          | E                                |             | <b>7000032:</b><br>-06/09/0 |             | Girana<br>Girana   | Additio                        | 甲        |                                  |          |  |
| NAME<br>STREET ADDRESS  | CEAA THE TOTAL DIVIN                            |                                 |                                  |             |                             |             | *****50.   |                                | 米米       | <br>***50.0                      | n        |  |
| CITY - ST - ZIP   | PLAN  |                                 | 093                              |             | '-ST-ZIP                    |             |  |                                |          |                                  |          |  |
| TITLE   |   |                                 | Delete                           | πn          |                             |             | <del>.</del>   |                                | Chang    | je Additio                       | n        |  |
| NAME<br>STREET ADDRESS  | 1   |                                 |                                  | NAM<br>STR  | EET ADDRESS                 |             |  |                                |          |                                  |          |  |
| CITY - ST - ZIP   |   |                                 |                                  | αn          | ' - ST - ZIP                |             |  |                                |          |                                  | _        |  |
| TITLE<br>NAME   | 1   |                                 | Delete                           | TITL<br>NAM | l l                         |             |  | ·· L                           | Chang    | e Additio                        | n.       |  |
| STREET ADDRESS  |   |                                 |                                  |             | EET ADORESS                 |             |  |                                |          |                                  |          |  |
| CITY - ST - ZIP   | <b>,</b>  |                                 | Dalata Dalata                    | _           | '-ST-ZIP                    |             |  |                                | 1 Chang  | n Additio                        | _        |  |
| TITLE '   |   |                                 | Delete                           | TITL<br>NAM | !                           |             |  |                                | Chang    | je Additio                       | "        |  |
| 'STREET ADDRESS   |   |                                 |                                  |             | EET ADDRESS                 |             |  |                                |          |                                  |          |  |
| CITY - ST - ZIP   | 200 Sept 10 10 10 10 10 10 10 10 10 10 10 10 10 | o information assessed with     | this filing does not qualify     |             | r-ST-ZIP                    | d in Sacti  | ion 119 07(3)(i) Florida Statutas II   | further                        | certifi  | that the                         | $\dashv$ |  |
| 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. |   |                                 |                                  |             |                             |             |  |                                |          |                                  |          |  |
| manager o   | n the limite                                    | a nability company or the re    | Colorer or trustee empowe        |             | vecate trus reboi           | ı as requ   | ared by Chapter doo, Florida Statut  | .co.                           |          |                                  |          |  |
| SIGNAT  | URF   | argent 1                        | stoluck -                        |             |                             |             | 5.9.9 AAA)   | <b>498</b>                     | درجي -   | ου <sup>ττι (</sup> ( <b>ν</b> ο |          |  |
| 2.2.471   | ~: <b>,</b>                                     | SIGNATURE AND TYPED             | OR PRINTED NAME OF SIG           | NING MA     | NAGING MEMBE                | R OR MAI    | NAGER Date   | Dav                            | time Ph  | one #                            | 1.       |  |