2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

|--|

| 1. Entity Nam | e | # M98000000 RTIES SPE 2, L.L.C | | | | | | 04-17-2008 | 90165 (|)22 ***13 | 8.75 |
|---|---|--|--|----------------------------------|---|-------------------------|--|---|------------------|----------------------------------|---------------------------|
| Principal Place 6500 INTERN STE 1000 PLANO, TX 7 | NATIONAL P | | Mailing Address 6500 INTERNATIONAL PKWY ATTN: TAX DEPT. PLANO, TX 75093 | | | | (40 ti i 10 a) | | | 5000 | - |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | · | Ş | 1 | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | ÷ζ | 03182008 | Chg-LLC | CR2E | 083 (12/06) | |
| City & State | | | City & State | | | | 4. FEI Number | PPLICABLE | | 1 | plied For t Applicable |
| Zip | | Country | Zip | try | 5. Certificate of Status Desired S \$5.00 Additional Fee Required | | | | | | |
| | 6. Name | and Address of Current R | egistered Agent | L | | | 7. Name and | Address of New R | egistered | Agent _ | |
| CORPORA 1201 HAYS TALLAHAS | S STREE | | | 4 | Street A | ddress (I | P.O. Box Numb | er is Not Acceptable | FL | Zip Code | |
| the obligat SIGNATURE | Signature, typed | y submits this statement for the tered agent. FEE IS \$138.75 Fee will be \$538.75 | | | | | ed agent, or bo | Make | DATE | familiar with, | - T1 |
| 9 | | MANAGING MEMBER | S/MANAGERS | 10. | | | | ADDITIONS/ | CHANGES | 3 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6500 INT | VINCENT L PKWY, STE 1000 FX 75093 | ⊠ Delete | | | MA | 10, FK 73 | DOVER PKW FOOMS | 4 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | 6500 INT | JEFFREY L PKWY, STE 1000 TX 75093 | Ç ⊠ Delete | | | 6500 | CON HUDG | INS MESSERI FIONAL PKWY 193 | 1 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6500 INT | PERTIES CORP. ERNATIONAL PARKWA TX 75093 | ☐ Delete | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 2 | ☐ Delete | | | | | | - | ☐ Change | Addition |
| 11. I hereby of indicated limited lia | certify that the control on this report | ne information supplied with the interpretation of the interpretat | his filing does not qualify fo nat my signature shall have empowered to execute this | r the exe the sam report a | mptions co e legal effe s required | ontained ect as if n | in Chapter 119, nade under oati ter 608, Florida | Florida Statutes. I fun; that I am a manag Statutes. | irther certition | ly that the info er or manage | rmation r of the |

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/08

972-588-5000 Daytime Phone #