

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JAN 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000679

1. Entity Name
ARCHON FINANCIAL, LLC

Principal Place of Business: 600 EAST LAS COLINAS BLVD., SUITE 800 IRVING TX 75039
Mailing Address: 600 EAST LAS COLINAS BLVD., SUITE 800 IRVING TX 75039-5632



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		75-2734174		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		XX \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 STREET ADDRESS CITY-ST-ZIP	MGR SCHECHNER, SHERIDAN P 85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003117867--9 -02/01/00--01041--011 *****55.00 *****55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOGAN, MARK J 85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MNUCHIN, STEVEN T 85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABSHON, MITCHELL A 600 EAST LAS COLINAS BLVD., SUITE 800 IRVING TX 75039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOZIER, JAMES L 600 EAST LAS COLINAS BLVD., SUITE 800 IRVING TX 75039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRAPART, RICHARD R 600 EAST LAS COLINAS BLVD., SUITE 800 IRVING TX 75039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>	

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: J. Weston Moffett,
Manager
1-18-2000 (972) 501-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #