| | or before May 1, 1999 or | | d Liability C | Company will | be | | | | |
|---|------------------------------------|------------|----------------|--------------|---|--|---|-------------------------------------|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF COMPORATIONS | | | | | | FILED on APR 25 PH 5: 00 | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee ** \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | A TOWER ANY CE STANK | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000748 | | | | | | The state of the s | | | |
| DFW/WHEATLAND NO. ONE L.L.C. 74256 WHEATFIELD GARLAND TX 75044 | | | | | 74256 V | 18. Principal Place of Business Address 74256 WHEATFIELD GARLAND TX 75044 | | | |
| 2 Principal Place of Business 2a. Mailing Address | | | | | 3. Date Organized or Qualified 3a. State of Formation | | | | |
| Suite Apt *, etc Suite Aprension Suite Apt | | | AME | | 07/09/1 | /09/1998 | | TX | |
| Suite 810 | | | #, e 1C | | 4. FEt Number | | | Applied For | |
| City & State RICHARDSON TX City & State | | | ate | | 74.2 | 74-2828835 | | Not Applicable | |
| Zip Country Zip | | | Country | | 5. Date of Last | Report | 6. Certificate of Status Desired S8 75 Additional Fee Required | | |
| 750 | 7. Name and Address of Current F | Registered | Agent | | 8. Name and Addres | s of New Regis | | | |
| Suite, Apt. #, etc. City 9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited I its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmatias registered agent, and accept the obligations | | | | | | Inability company submits this statement for the purpose of changing tive vote of a majority of the members. Thereby accept the appointment | | | |
| SIGNATURE WALL DATE Registered Agent Accept that obligations (Figure and Agent Accept the properties on the Cartesian Accept that one obligation and the control deep | | | | | | | | 9 | |
| 10. Title | Managing Members/Managers | | 1 | ess | City, State and Zip Code | | | | |
| MGR | ROMANO, RICHARD M 1936 SAN MARCO B | | | | OULEVARD | ULEVARD JACKSONVILLE FL 32367 | | | |
| | | | | | er | -05/05 | '8631 1/9901 170,00 | 7488 1068014 *****70.00 /) | |
| | | | | | | / | | | |
| | | | | | 8 1 | -9579 **** | 5/990 | 7488 1068015 ****118.75 | |
| 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: SIGNATURE SIGNATURE | | | | | | | | | |

INHSE10 R (12-98)