File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 10 PM 3: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # M98000000928** 1a. Principal Place of Business Address BRENTWOOD-LEXFORD PARTNERS, LLC 8615 FREEPORT PARKWAY, SUITE 200 8615 FREEPORT PARKWAY, SUITE IRVING TX 75063 IRVING TX 75063 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/24/1998 TX Suite Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 75-2759969 City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 <u>500002802855</u> 002802855 -03/11/99--01089--913 ****188.75 ****189.7 Zip Code 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Hegisteres Age it Accepting Appointment): (NOTE Bugistered Agent signature may recliate intend and Managing Members/Managers **Business Street Address** City, State and Zip Code 10, Title MGRM FSC REALTY, LLC 9777 WILSHIRE BLVD., SUITE BEVERLY HILLS CA

11 I do 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 annual 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; and that my name appears in Block 10, or on an

NAME OF GENERAL BARDALLER FOR MEDICAL TRANSPORT

attachment with an address.

SIGNATURE: