

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000973

1. Entity Name

CENTEX HOMETEAM LAWN CARE, LLC

Principal Place of Business

2728 NORTH HARWOOD
DALLAS TX 75201-1516

Mailing Address

P.O. BOX 199000
CORP. TAX DEPT.
DALLAS TX 75219

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

75-2777247

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE Delete
NAME **MGR HIRSCH, LAURENCE E**
STREET ADDRESS **2728 NORTH HARWOOD**
CITY-ST-ZIP **DALLAS TX 75201-1516**

TITLE Delete
NAME **MGR SMERGE, RAYMOND G**
STREET ADDRESS **2728 NORTH HARWOOD**
CITY-ST-ZIP **DALLAS TX 75201-1516**

TITLE Delete
NAME **MGR SWARTZ, ROBERT M**
STREET ADDRESS **2728 NORTH HARWOOD**
CITY-ST-ZIP **DALLAS TX 75201-1516**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

400004367314--0
-06/06/01--01039--016
*******50.00 *****50.00**

TITLE Change Addition
NAME
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TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Raymond G. Smerge
RAYMOND G. SMERGE 4.26.01 214-991-6530

FILED

2001 JUN -7 AM 11:02

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE