	NNUAL RE			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED 99 APR 28 PM 4: 54			
	1999		0 . 600 75							
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address of Limited Liability Company Of Limited Liability Company							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
of Limite	ed Liabilitý Con	npany DOC	OMEN	# M980	0000	1350	1a. Principal Plac	e of Business	Address	
8	080 NO	ERVICES, L RTH CENTRA TX 75206		ESSWAY,	SUI	TE 650	8080 NO			EXPRESSWA
2. Principal Place of Business 2a. Mailir				ng Address			Date Organized or Qualified 3a. State of Formation			
			Cuita A				11/17/1	/1998 TX		
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			4. FEI Number		.1	Applied For
City & State			City & S	City & State			75-2734207		Not Applicable	
Zip	ip Country		Zip	Zip Counti		7	5. Date of Last Report			ate of Status Desired
	7. Name	and Address of Curre	nt Registered	i Agent	<u> </u>	8.	Name and Address	of New Regi	stered Agen	t/Office
PLANT	TATION	FL 33324				Suite, Apt. #, etc		FL	Zıp Code	
its registere	ed office or regis	ions of Sections 608.41 stered agent, or both, in accept the obligations.	6 and 608.508 the State of Fig	B, Florida Statute orida. Such chang	s, the ab ge was au	ove-named limited athorized by affirma	I liability company su stive vote of a majority	ibmits this stat y of the membe	ement for the rs. I hereby a	purpose of changing ccept the appointment
SIGNATUR	RE			iliore B				DATE		
(Registered Agent Accepting Apr 10. Title Managing Members/Managers				itment) (NOTE Registered Agent's greature required when reinstaling Business Street Address			City, State and Zip Code			Zıp Code
MGR	CUMBERLAND ALLEGIANCE 8080 NORTH CENTR						L EXPRESS	DALLA	S TX	
	Management Co., LLC			Suite 050						
					5-4.99			mooo2865910 -05/06/9901103014 ****188.75 ****188.7		
11 Idahar	ahu cartifu that	the information supplied	l with this filing	does not qualify fo	or the exe	emotion stated in Se	ection 119 07(3) (i), F s if made under oath	torida Statutes	Ifurther cer	tify that the information

Bradford B. Beck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGING MEMBER OF MANAGER

214-891-8161

Dayt me Phone #

4/10/99

SIGNATURE: