LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90576 048 ****50.00 DOCUMENT # M98000001550 1. Entity Name CIN RIVER BRIDGE GP, L.L.C. 957203 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2100 MCKINNEY AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 700 City & State City & State 4. FEI Number Applied For DALLAS, TX 75-2777811 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 75201 DALLAS Fee Required ≤ 27. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET IN THIS SPACE Zip Code 32301-2525 TALLAHASSEE 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 FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE NAME INVESTCENTER III, L.L.C. NAME 2100 MCKINNEY AVE, STE 700 STREET ADDRESS STREET ADDRESS DALLAS, TX 75201 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 trystee empowered to execute this report is required by Chapter 608, Florida Statutes. By: APR 2 3 2002

SIGNATURE: 3 1 1 IANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

214-661-8000 Daytime Phone #

A. McClain, REPRESENTATIVE