2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 21, 2005 8:00 am DOCUMENT # M9900000076 - -**Secretary of State** 03-21-2005 90536 026 ****50.00 JONATHAN BAILEY DESIGN, LLC Principal Place of Business Mailing Address 1701 N. MARKET STREET, SUITE 400 1701 N. MARKET STREET, SUITE 400 DALLAS TX 75202 DALLAS TX 75202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 75-2740753 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis ered agent. SIGNATUR (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. ☐ Addition MGRM TITLE Change TITLE ☐ Delete NAME BAILEY, JONATHAN D STREET ADDRESS STREET ADDRESS 1005 FOREST OAKS LANE CITY-S1-ZIP HURST TX 76053 CITY-ST-ZIP MGRM Delete TITLE ☐ Change Addition TITLE WRIGHT, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS 7777 FOREST LANE, SUITE C810 CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75230 Detete TITLE Change → 🗀 Addition TITLE MGRM NAME DWYER, THOMAS STREET ADDRESS 8817 ARBORSIDE DRIVE STREET ADDRESS CITY-ST-ZIP DALLAS TX 75243 CITY-ST-7IP MGRM ☐ Change Addition TITLE Delete TITLE LEISSNER, G. TRAVIS NAME NAME STREET ADDRESS 4438 COLE AVENUE # 7 STREET ADDRESS DALLAS TX 75205 CITY-ST-ZIP CITY-ST-7IP MGRM TITLE Delete ☐ Change ☐ Addition WRIGHT, MICHAEL G NAME 7777 FOREST LANE, SUITE C801 STREET ADDRESS STREET ADDRESS DALLAS TX 75230 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS 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.

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

FILED

Date

Daytıme Phone #