M99000000526

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000526 9/29/00

1. Entity Name
EFO LAND GENPAR, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG -3 PM 12:37

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2728 N. HARWOOD ST.	P.O. BOX 199000
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DALLAS, TX	City & State: DALLAS, TX
Zip: 75201 Country: USA	Zip: 75219 Country: USA

4. FEI Number 75-2816809 ☐ 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)

300004529083--7
-08/10/01--01085--001
*****50.00

City FL Zip *****50.00

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 Judith S. Blancett 7/23/01
Signature required 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

300004529083--7
-08/10/01--01085--002
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EFO C-LAND INVESTORS, LP 2626 COLE AVENUE, SUITE 700 DALLAS, TX 75204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CENTEX HOMES 2728 N. HARWOOD STREET DALLAS, TX 75201	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300004529083--7 -08/10/01--01085--003 ****100.00 ****100.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2000 - 50.00 2001 50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rein -100.00 200.00 np	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**REINSTATEMENT** 00-2001	☐ Change ☐ Addition

CR2E083 (11/00)

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: AVP & MGRM 7/30/01 (214) 981-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #