


**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

|   |   |
|---|---|
| <p><b>DOCUMENT # M99000000526</b></p> <p><b>1. Entity Name</b><br/> <b>CENTEX LAND HOLDINGS GENPAR, LLC</b></p> |  |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

03092005 Chg-LLC CR2E083 (10/03)

|                             |                |
|-----------------------------|----------------|
| 4. FEI Number<br>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)

|      |    |          |
|------|----|----------|
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

|    |                           |
|----|---------------------------|
| 9. | MANAGING MEMBERS/MANAGERS |
|----|---------------------------|

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | MGRM                   | <input type="checkbox"/> Delete |
| NAME           | CENTEX HOMES           |                                 |
| STREET ADDRESS | 2728 N. HARWOOD STREET |                                 |
| CITY-ST-ZIP    | DALLAS, TX 75201       |                                 |

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |

|                |                                 |
|----------------|---------------------------------|
| UNIT-31-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |

| CITY-ST-ZIP    |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |

|     |                   |
|-----|-------------------|
| 10. | ADDITIONS/CHANGES |
|-----|-------------------|

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

| TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME            |                                 |                                   |
| STREET ADDRESS  |                                 |                                   |
| CITY - ST - ZIP |                                 |                                   |

| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|---------------------------------|-----------------------------------|
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY, ST, ZIP  |  |                                 |                                   |

|                |   |
|----------------|---|
| CITY-STATE     |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE     |   |

|                |   |
|----------------|---|
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |

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: Lyle E. Stevens 4/17/05 214-981-5000