APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900000601 DO MAY - 3 AM II: 12 1. Entity Name CUMBERLAND ALLEGIANCE MANAGEMENT COMPANY, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 8080 NORTH CENTRAL EXPRESSWAY. SUITE 650 . 8080 NORTH CENTRAL EXPRESSWAY, SUITE 650 DALLAS TX 75206 **DALLAS TX 75206-1817** 2. Principal Place of Business 3. Mailing Address 4801 W. Lovers Lane 4801 W. Lovers Lane Suite, Apt. #, etc. . Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 75-2724114 Not Applicable Dallas, TX Dallas, ТX Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 75209 USA 75209 USA Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. ■ Addition MGRM **▼ Change** TITLE TITLE NAME CUMBERLAND ALLEGIANCE DEVELOPMENT COMPANY NAME STREET ADDRESS 8080 N CENTRAL EXPRESSWAY, SUITE 650 STREET ADDRESS 4801 W. Lovers Lane CITY - RT - ZIP DALLAS TX 75206 CITY- ST- ZIP <u>Dallas. TX 75209</u> ☐ Addition ☑ Changa TITLE ☐ Delete TITLE MGRM MAME BUCKSHOT INVESTMENTS, INC. NAME STREET ADDRESS 8080 N CENTRAL EXPRESSWAY, SUITE 650 STREET ADDRESS 4801 W. Lovers Lane TX 75209 CITY-ST-ZIF DALLAS TX 75206 CITY- ST- ZIP Dallas. 🗀 Change ' Addition Delete *** TITLE TITLE 100003269731---05/30/00--01016--005 NAME BAME STREET ADDRESS STREET ADDRESS ****50.80 CITY-21-719 *****50.00 CITY-ST-ZIP Addition ☐ Detete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 27 - 71P ☐ Change ☐ Addition TITLE Designation TITLE RAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY - 27-71P Change ☐ Addition TITLE TIESE Delete REME MAME STREET ADDRESS STREET ADDRESS

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 receive or present empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-8T-ZIP

SIGNATURE:

CITY-ST-ZIP

214 - 366 - 3136