

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 17 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M99000001010**

1. Entity Name  
**DT-TALLAHASSEE GP, LLC**

Principal Place of Business 1950 STEMMONS FREEWAY SUITE 6001 DALLAS TX 75207		Mailing Address 1950 STEMMONS FREEWAY SUITE 6001 DALLAS TX 75207-3107	
2. Principal Place of Business <i>same as above</i>		3. Mailing Address <i>same as above</i>	
Suite, Apt. #, etc. "		Suite, Apt. #, etc. "	
City & State " "		City & State " "	
Zip "	Country "	Zip "	Country "



DO NOT WRITE IN THIS SPACE

*75-2826887*

4. FEI Number **APPLIED FOR** Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICES COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**700003335297--5**  
**-07/25/00--01061--017**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DT-TALLAHASSEE MANAGER CORP. 1950 STEMMONS FREEWAY DALLAS TX 75207</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *[Signature]* **SIGNATURE REQUIRED** *6/1/00* *214 863 1000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E0K (9/9/01)