

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State


05-03-2005 90019 015 ****50.00

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04272005 No Chg-LLC CR2E083 (10/03)

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
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DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2826887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DT-TALLAHASSEE MANAGER CORP. 1950 STEMMONS FREEWAY DALLAS, TX 75207
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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: *Michael Hega* SUP/Treasurer 4-29-05 2148631000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Handwritten initials