

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001411

1. Entity Name  
2M DUNES, L.L.C.

FILED

01 FEB 12 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4514 COLE AVENUE, SUITE 400  
DALLAS TX 75205

Mailing Address  
4514 COLE AVENUE, SUITE 400  
DALLAS TX 75205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
3401 Armstrong Avenue

Suite, Apt. #, etc.  
3401 Armstrong Avenue

City & State  
Dallas, TX

City & State  
Dallas, TX

Zip  
75205-3949

Country  
75205-3949

Zip  
75205-3949

Country

4. FEI Number 75-2836547

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed 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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PENDLETON, TERRY  
4514 COLE AVENUE, SUITE 400  
DALLAS TX 75205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SLAVEN, RICHARD W  
4514 COLE AVENUE, SUITE 400  
DALLAS TX 75205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700003719007--4  
-02/19/01--01132--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MEYERSON, MORTON H  
4514 COLE AVENUE, SUITE 400  
DALLAS TX 75205 ☐ 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  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/01

Date

904/446-6255

Daytime Phone #

00288996 AF

CR2E083 (11/00)