


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90003 050 ****50.00

DOCUMENT # M99000001928

1. Entity Name
FOUR PARTNERS, LLC



Principal Place of Business Mailing Address

5949 SHERRY LANE SUITE 1755 5949 SHERRY LANE SUITE 1755
 DALLAS, TX 75225 DALLAS, TX 75225

94007851

2. Principal Place of Business 3. Mailing Address

15660 North Dallas Pkwy Suite 1100 *15660 North Dallas Pkwy Suite 1100*

City & State: *Dallas, TX* City & State: *Dallas, TX*

Zip: *75248* Country: *USA* Zip: *75248* Country: *USA*



01212004 Chg-LLC CR2E083 (10/03)

4. FEI Number **75-2832343** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 *LORI WEISENBORN SEC/Treasurer* *1/2/04*
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEAVER, J. SCOTT 5949 SHERRY LANE, SUITE 1755 DALLAS, TX 75225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, DAN R 5949 SHERRY LANE, SUITE 1755 DALLAS, TX 75225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, FRANCES F 5949 SHERRY LANE, SUITE 1755 DALLAS, TX 75225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISENBORN, LORI C 5949 SHERRY LANE, SUITE 1755 DALLAS, TX 75225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>15660 North Dallas Parkway Dallas, TX 75248</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lori C Weisenborn* *1/2/03* *469-323400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #