


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001928 1. Entity Name FOUR PARTNERS, LLC	
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Principal Place of Business 15660 NORTH DALLAS PKWY SUITE 1100 DALLAS, TX 75248	Mailing Address 15660 NORTH DALLAS PKWY SUITE 1100 DALLAS, TX 75248
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01042005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2832343	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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000175543
01/10/05-80053-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEAVER, J. SCOTT 15660 NORTH DALLAS PKWY DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMALLEY, DAN R 15660 NORTH DALLAS PKWY DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POWELL, FRANCES F 15660 NORTH DALLAS PKWY DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEISENBORN, LORI C 15660 NORTH DALLAS PKWY DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Keith Weaver* 1/4/05 469-232-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #