

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90026 037 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # M99000001928**



1. Entity Name  
**FOUR PARTNERS, LLC**

30041414

Principal Place of Business Mailing Address  
 5949 SHERRY LANE SUITE 1755 5949 SHERRY LANE SUITE 1755  
 DALLAS TX 75225 DALLAS TX 75225

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number **75-2832343** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional  
 Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**  
 City **FL** Zip Code

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O.-Box Number is Not Acceptable)  
 City State 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 LORRE WEISENBORN SEC/TREASURER 1/6/03  
 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 Florida Department of State**  
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES           |   |
|--|--|---------------------------------|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>WEAVER, J. SCOTT</b><br><b>5949 SHERRY LANE, SUITE 1755</b><br><b>DALLAS TX 75225</b>   | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>SMALLEY, DAN R</b><br><b>5949 SHERRY LANE, SUITE 1755</b><br><b>DALLAS TX 75225</b>     | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>POWELL, FRANCES F</b><br><b>5949 SHERRY LANE, SUITE 1755</b><br><b>DALLAS TX 75225</b>  | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>WEISENBORN, LORI C</b><br><b>5949 SHERRY LANE, SUITE 1755</b><br><b>DALLAS TX 75225</b> | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | <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 LORRE WEISENBORN 1/6/03 464-232-3400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: Date Daytime Phone #

CR2E083 (10/02)