

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

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To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

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Professional Associations (PA) and Financial Institutions

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16380 ADDISON ROAD, ADDISON Principal place of business	N, TX, 750	01													
16380 ADDISON ROAD, ADDISON															
You must report officer, director, member, general partner and mar	_		-		t.										
Please sign below! This report must be signe	d to satisfy	y fran	chise tax req	uirements.		10000000	00015								
<b>SECTION A</b> Name, title and mailing address of each officer,	·	mber,	general partner	<del></del>	T										
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<b>SECTION B</b> Enter information for each corporation, LLC, LF	P PA or finan	cial inc	titution if any i	n which this an	tity owns an ir	oterest of 10 ne	ercent or more								
Name of owned (subsidiary) corporation, LLC, LP, PA or financial instituti			of formation	Texas SOS	file number, if ar	ny Percentage	of ownership								
SCARBOROUGH SUNFIELD LLC Name of owned (subsidiary) corporation, LLC, LP, PA or financial instituti	on	State o	of formation_	Texas SOS	00954133 file number, if ar	ny Percentage	00.000 e of ownership								
TORNILLO INTERESTS GP LLC			TX	08	01010646	10	00.000								
<b>SECTION C</b> Enter information for each corporation , LLC, L	P, PA or finar	ncial in	stitution, if any,	that owns an in	terest of 10 pe	ercent or more	in this entity.								
Name of owned (parent) corporation, LLC, LP, PA or financial institution		State o	of formation	Texas SOS	file number, if ar	ny Percentage	of ownership								
Registered agent and registered office currently on file (see instructions Agent: JAMES FEAGIN	if you need to m	ake char	nges)			cretary of State to opartner information									
Office: 16380 ADDISON ROAD			City	ADDISON	State	• <b>TX</b>	75001								
The information on this form is required by Section 171.203 of the Tax Co sheets for Sections A, B and C, if necessary. The information will be availa				ncial institution tha	nt files a Texas Fra										
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, directions.	true and correc	t to the	best of my knowled												
LLC, LP, PA or financial institution.	Title			Date		Area code and pho									
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I declare that the information been mailed to each pe	nation in this docur	nent and any	/ attachme	nts is true a	nd corre	ect to th	e best									
LLC, LP, PA or financial i			s an onice	r, airector, n			partn	er or manage								
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Professional Associations (PA) and Financial Institutions

Tappayer name	ertain rights under Chapter 552 and 559,
Mailing address   16380 ADDISON ROAD   State   TX   ZIP code plus 4   75001   State   ZIP code plus 4   ZIP code plus 4   75001   State   ZIP code plus 4	to review, request and correct information about you. Contact us at 1-800-252-1381.
State	f the mailing address has changed.
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Principal office  16380 ADDISON ROAD, ADDISON, TX, 75001  Principal place of business 16380 ADDISON ROAD, ADDISON, TX, 75001  You must report officer, director, member, general partner and manager information as of the date you complete this report.  Please sign below!  This report must be signed to satisfy franchise tax requirements.  SECTION A Name, title and mailling address of each officer, director, member, general partner or manager.  Name  Title  Director  YES  State  Name  Title  Director  YES  State  Name  Title  Director  Term expiration  Mailing address  City  State  SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns a state of owned (subsidiary) corporation, LLC, LP, PA or financial institution  SCARBOROUGH SERVICES LLC  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  TRD MANAGEMENT LLC  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  Texas SOS file number 108006886  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution  Texas SOS file number 108006886  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution  Texas SOS file number 108006886  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution  Texas SOS file number 108006886  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution  Texas SOS file number 1080008886  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution  Texas SOS file number 1080008886  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution  Texas SOS file number 1080008886  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution 1080008886  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution 1080008886  SECTION C Enter information in file security on file (see instructions if you need to make chang	0156479500
16380 ADDISON ROAD, ADDISON, TX, 75001   Principal place of business   16380 ADDISON ROAD, ADDISON, TX, 75001   You must report officer, director, member, general partner and manager information as of the date you complete this report.   Please sign below    This report must be signed to satisfy franchise tax requirements.    SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.	on in Sections A, B and C.
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SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.  Name  Title  Director  YES  State  Name  Title  Director  YES  Term expiration  Mailing address  City  State  Name  Title  Director  YES  Term expiration  Mailing address  City  State  Name  Title  Director  YES  Term expiration  Mailing address  City  State  SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns at SCARBOROUGH SERVICES LLC  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  SCARBOROUGH SERVICES LLC  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  Texas SOS file number  TX  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  Texas SOS file number  TX  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  Texas SOS file number  TX  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  Texas SOS file number  TX  TX  Texas SOS file number  TX  Name of owned (parent) corporation, LLC, LP, PA or financial institution  Texas SOS file number  TRD MANAGEMENT LLC  Name of owned (parent) corporation, LLC, LP, PA or financial institution  Texas SOS file number  TX  Name of owned (parent) corporation, LLC, LP, PA or financial institution  Texas SOS file number  TX  Name of owned (parent) corporation, LLC, LP, PA or financial institution  Texas SOS file number  TX  Name of owned (parent) corporation, LLC, LP, PA or financial institution  Texas SOS file number  TX  Name of owned (parent) corporation, LLC, LP, PA or financial institution of the cap texas of the date be been mailed to each person anamed in this footunent and any attachments is true and correct to the best of my knowledge and belief, as of the date be been mailed to each person anamed in this courment and any att	
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Mailing address  City  State  Director  YES  Term  expiration  Mailing address  City  State  SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns a  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  SCARBOROUGH SERVICES LLC  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  STARBOROUGH SERVICES LLC  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  TEXAS SOS file number  TRD MANAGEMENT LLC  State of formation  Texas SOS file number  TRD MANAGEMENT LLC  Name of owned (parent) corporation, LLC, LP, PA or financial institution  Texas SOS file number  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10  Name of owned (parent) corporation, LLC, LP, PA or financial institution  Registered agent and registered office currently on file (see instructions if you need to make changes)  Office: 16380 ADDISON ROAD  The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas sheets for Sections A, B and C, if necessary. The information will be available for public inspection.  I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date be been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently emplo	
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LLC, LP, PA or financial institution.	yed by this or a related corporation,
sign   here   JAMES FEAGIN   Title   PRESIDENT   11/11/2024	Area code and phone number ( 972 ) 679 - 7340
Texas Comptroller Official Use Only	
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To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

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To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

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Taxpayer name SCARBOROUGH LANE DEVELO	OPMENT	, INC.	II.			acken circle if the mailing address has changed.									
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You must report officer, director, member, general partner and me			of the	date you compl	ete this repor	rt.									
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<b>SECTION A</b> Name, title and mailing address of each office	er, director, r	nember,	gener	al partner or i	manager.	10000000013									
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<b>SECTION C</b> Enter information for each corporation , LLC,	LP. PA or fin	iancial ir	stituti	on, if any, that	owns an in	nterest of 10 percent or more in this entity									
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Agent: JAMES FEAGIN				ag		a filing with the Secretary of State to change registered office or general partner information.									
Office: 16380 ADDISON ROAD			City	ADI	DISON	State TX ZIP Code 75001									
The information on this form is required by Section 171.203 of the Tax $^\circ$ sheets for Sections A, B and C, if necessary. The information will be available to the section of the section				P, PA or financial	institution tha	at files a Texas Franchise Tax Report. Use additional									
I declare that the information in this document and any attachments been mailed to each person named in this report who is an officer, di LLC, LP, PA or financial institution.															
sign JAMES FEAGIN	T	itle PR	ESID		ate 11/11/	/2024 Area code and phone number (972) 679 - 7340									
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To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

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