



05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

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

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 0 2 0 9 0 7 5 4

■ Report year

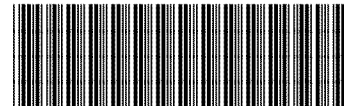
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You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name SCARBOROUGH LANE DEVELOPMENT, INC.		■ ☐ Blacken circle if the mailing address has changed.	
Mailing address 16380 ADDISON ROAD		Secretary of State (SOS) file number or Comptroller file number 0156479500	
City ADDISON	State TX	ZIP code plus 4 75001	

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 16380 ADDISON ROAD, ADDISON, TX, 75001
Principal place of business 16380 ADDISON ROAD, ADDISON, TX, 75001



1000000000015

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.

Name RYAN BURKHARDT	Title PRESIDENT	Director ☒ YES	Term expiration <table><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	m	m	d	d	y	y						
m	m	d	d	y	y										
Mailing address 16380 ADDISON ROAD	City ADDISON	State TX	ZIP Code 75001												
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m	m	d	d	y	y										
Mailing address	City	State	ZIP Code												

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution LANDMARK CRANDALL GP, LLC	State of formation TX	Texas SOS file number, if any 0800804568	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH AIRPORT PARTNERS GP	State of formation TX	Texas SOS file number, if any 0800654416	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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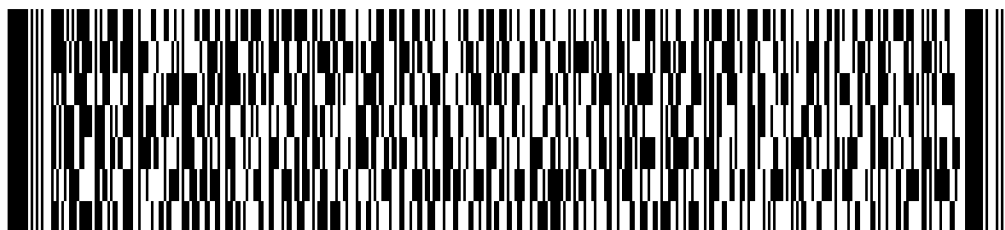
Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent: JAMES FEAGIN			
Office: 16380 ADDISON ROAD	City ADDISON	State TX	ZIP Code 75001

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 Franchise Tax Report. Use additional 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 below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here JAMES FEAGIN	Title PRESIDENT	Date 11/11/2024	Area code and phone number (972) 679 - 7340
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Texas Comptroller Official Use Only



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Comptroller
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Accounts
FORM05-102
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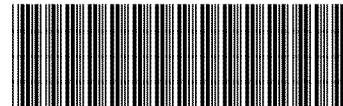
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Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH I AIRPORT GP, LLC	State of formation TX	Texas SOS file number, if any 0800654042	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH CRANDALL GP, LLC	State of formation TX	Texas SOS file number, if any 0800804494	Percentage of ownership 100.000

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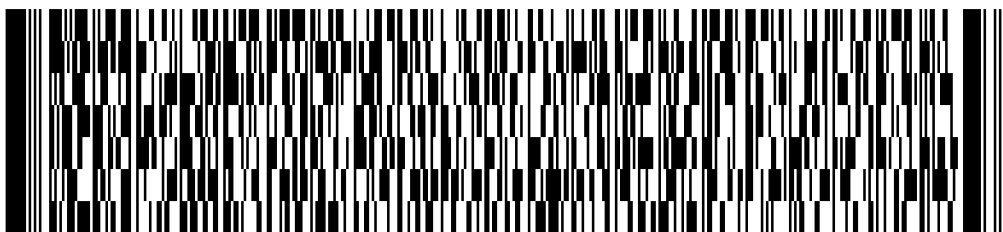
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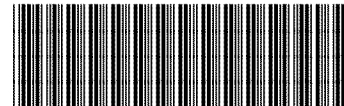
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Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH PARKWAY II GP, LLC	State of formation TX	Texas SOS file number, if any 0800804482	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH PARKWAY PARTNERS GP	State of formation TX	Texas SOS file number, if any 0800806667	Percentage of ownership 100.000

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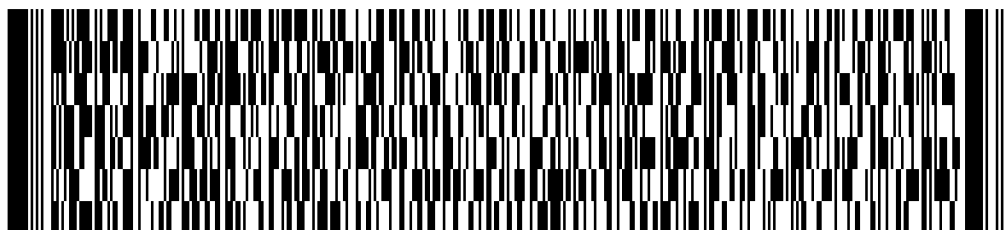
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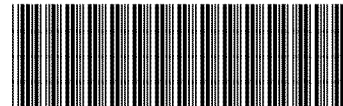
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Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH SUNFIELD LLC	State of formation TX	Texas SOS file number, if any 0800954133	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution TORNILLO INTERESTS GP LLC	State of formation TX	Texas SOS file number, if any 0801010646	Percentage of ownership 100.000

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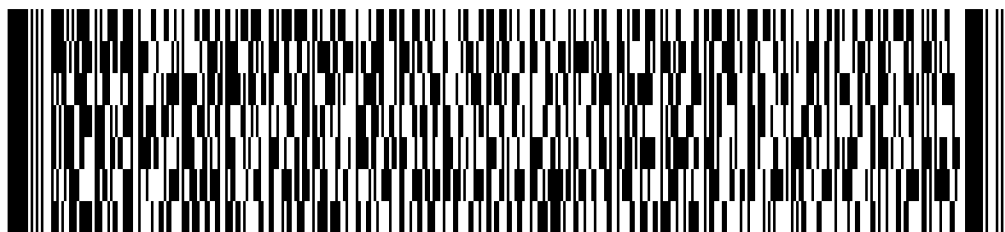
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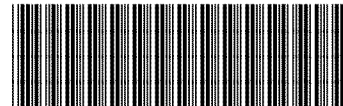
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Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution TORNILLO MANAGEMENT LLC	State of formation TX	Texas SOS file number, if any 0801010640	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH MANAGEMENT LLC	State of formation TX	Texas SOS file number, if any 0801573832	Percentage of ownership 100.000

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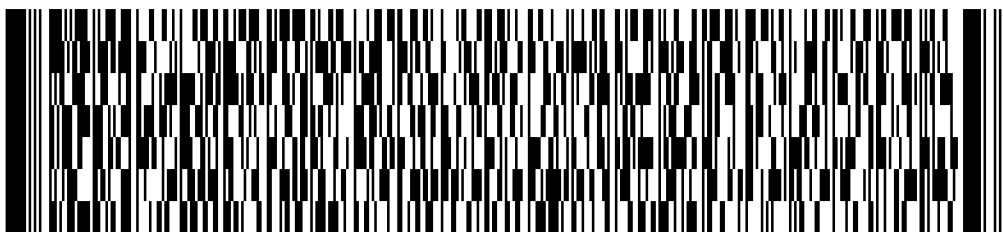
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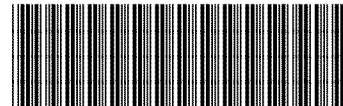
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Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution TRD MANAGEMENT LLC	State of formation TX	Texas SOS file number, if any 0800088849	Percentage of ownership 100.000

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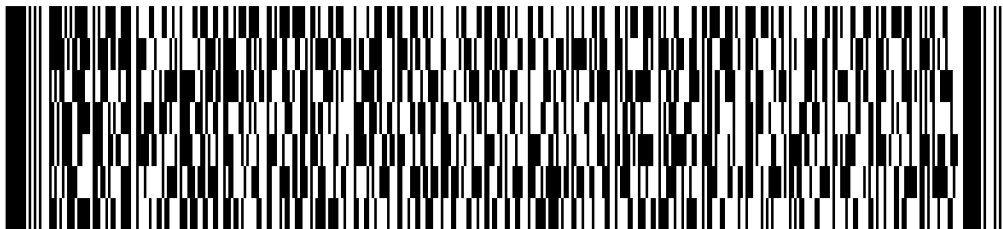
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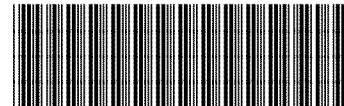
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Mailing address	City	State	ZIP Code						
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Mailing address	City	State	ZIP Code						
Name	Title	Director ☐ YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH VISTANCIA PARTNERS GP	State of formation TX	Texas SOS file number, if any 0803518796	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH VISTANCIA VI GP LLC	State of formation TX	Texas SOS file number, if any 0803518812	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

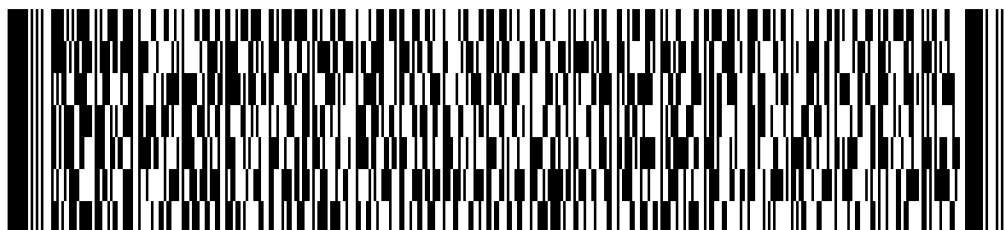
Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: JAMES FEAGIN			
You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.			
Office: 16380 ADDISON ROAD	City ADDISON	State TX	ZIP Code 75001

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 Franchise Tax Report. Use additional 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 below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here JAMES FEAGIN	Title PRESIDENT	Date 11/11/2024	Area code and phone number (972) 679 - 7340
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05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

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

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 0 2 0 9 0 7 5 4

■ Report year

2 0 2 4

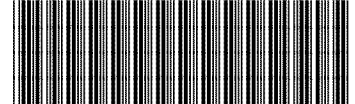
You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name SCARBOROUGH LANE DEVELOPMENT, INC.		Blacken circle if the mailing address has changed.	
Mailing address 16380 ADDISON ROAD		Secretary of State (SOS) file number or Comptroller file number 0156479500	
City ADDISON	State TX	ZIP code plus 4 75001	

○ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

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.



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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.

Name	Title	Director ○ YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						
Name	Title	Director ○ YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						
Name	Title	Director ○ YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH SUNFIELD PARTNERS GP,	State of formation TX	Texas SOS file number, if any 0803858979	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution WALLACE RANCH HOLDINGS GP, LLC	State of formation TX	Texas SOS file number, if any 0803810690	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

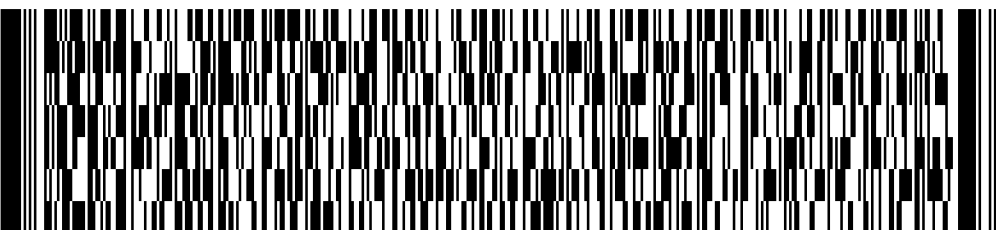
Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes)			
Agent: JAMES FEAGIN			
Office: 16380 ADDISON ROAD	City: ADDISON	State: TX	ZIP Code: 75001

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 Franchise Tax Report. Use additional 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 below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here JAMES FEAGIN	Title PRESIDENT	Date 11/11/2024	Area code and phone number (972) 679 - 7340
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05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

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

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 0 2 0 9 0 7 5 4

■ Report year

2 0 2 4

You have certain rights under Chapter 552 and 559,
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we have on file about you. Contact us at 1-800-252-1381.

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City ADDISON	State TX	ZIP code plus 4 75001	

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Principal place of business 16380 ADDISON ROAD, ADDISON, TX, 75001

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Please sign below!

This report must be signed to satisfy franchise tax requirements.

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Name	Title	Director ○ YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						
Name	Title	Director ○ YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						
Name	Title	Director ○ YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution WALLACE RANCH HOLDINGS LP	State of formation TX	Texas SOS file number, if any 0803810699	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SCARBOROUGH SAN MARCOS GP, LLC	State of formation TX	Texas SOS file number, if any 0804199442	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

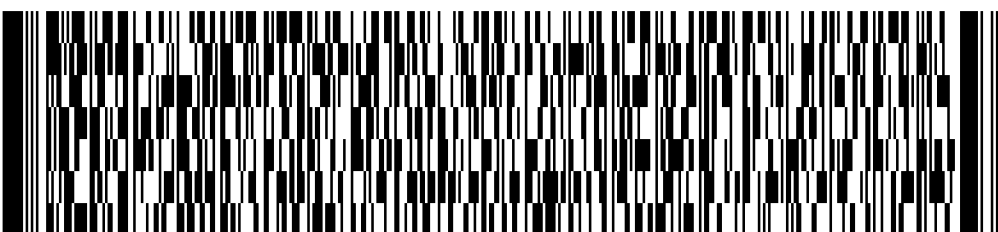
Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes)			
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sign here JAMES FEAGIN	Title PRESIDENT	Date 11/11/2024	Area code and phone number (972) 679 - 7340
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