



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 144283	2. Exact name of the limited liability company Ark-La-Tex Financial Services, LLC
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3. State of Formation TEXAS	4. Brief description of the character of the business which is actually conducted in Rhode Island Mortgage Company
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5. Principal office address 16000 DALLAS PARKWAY, SUITE 800	City DALLAS	State TX	Zip 75248-
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Bryan Harlan	Contact Title Member		

Street Address 16000 DALLAS PARKWAY, SUITE 800	City DALLAS	State TX	Zip 75248-
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7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name: _____ • Manager Name

Street Address: _____ • Street Address

City: _____ State: _____ Zip: _____ • City: _____ State: _____ Zip: _____

Manager Name: _____ • Manager Name

Street Address: _____ • Street Address

City: _____ State: _____ Zip: _____ • City: _____ State: _____ Zip: _____

Manager Name: _____ • Manager Name

Street Address: _____ • Street Address

City: _____ State: _____ Zip: _____ • City: _____ State: _____ Zip: _____

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City: _____ State: _____ Zip: _____ • City: _____ State: _____ Zip: _____

Manager Name: _____ • Manager Name

Street Address: _____ • Street Address

City: _____ State: _____ Zip: _____ • City: _____ State: _____ Zip: _____

Manager Name: _____ • Manager Name

Street Address: _____ • Street Address

City: _____ State: _____ Zip: _____ • City: _____ State: _____ Zip: _____

Manager Name: _____ • Manager Name

Street Address: _____ • Street Address



1 4 4 2 8 3

144283 FLLC 11/08/05 01:17:04 PM
File Date <u>11-14-05</u>
Check No. <u>23873</u>
By: <u>CXC</u>
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Authorized Person Date 11-8-2005

Stewart Hunter, Member
Print or Type Name of Authorized Person