


Amended

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG -4 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # L02000035208 |  |
| 1. Entity Name Eagle One Multi-Family, LLC | |

DO NOT WRITE IN THIS SPACE

| | | |
|---|-------------------|---|
| 2. Principal Place of Business 114 West Parrish Street Suite, Apt. #, etc. 5th Floor City & State Durham, North Carolina Zip 27701 | Country Durham | 3. Mailing Address same Suite, Apt. #, etc. City & State Zip Country |
|---|-------------------|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 4. FEI Number | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

| | | |
|-----------------------------------|--|----------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Alexander C. Mackinnon | |
| | Street Address (P.O. Box Number is Not Acceptable) 255 South Orange Avenue, Suite 800 | |
| | City Orlando | FL Zip Code 32801 |

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 Alexander C. Mackinnon DATE July 29, 2003

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager T-Mac Holding Company 114 West Parrish Street, 5th Floor Durham, North Carolina 27701 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900022025639 08/04/03--01014--002 \$55.00 |
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CR2E083B (12/02)

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: [Signature] DATE 7/29/2003 (919) 755-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #