

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004062

FILED
Mar 21, 2007
Secretary of State

Entity Name: CURRIN-PATTERSON, LAVELLE PROPERTIES LLC

Current Principal Place of Business:

319 S SHARON AMITY ROAD, SUITE 300
CHARLOTTE, NC 28211

New Principal Place of Business:

Current Mailing Address:

319 S SHARON AMITY ROAD, SUITE 300
CHARLOTTE, NC 28211

New Mailing Address:

FEI Number: 56-2374633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVELLE, LOIS
1303 LANDEROS LANE
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAVELLE, MICHAEL
Address: 319 S SHARON AMITY ROAD, SUITE 300
City-St-Zip: CHARLOTTE, NC 28211

Title: MGRM () Delete
Name: CURRIN, GEORGE S
Address: 319 S SHARON AMITY RD SUITE 300
City-St-Zip: CHARLOTTE, NC 28211

Title: MGRM () Delete
Name: PATTERSON, LARRY H
Address: 319 S SHARON AMITY RD SUITE 300
City-St-Zip: CHARLOTTE, NC 28211

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL LAVELLE

MR.

03/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date