

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90072 025 \*\*\*143.75

**DOCUMENT # M05000004062**

1. Entity Name  
**CURRIN-PATTERSON, LAVELLE PROPERTIES LLC**



Principal Place of Business      Mailing Address  
**319 S SHARON AMITY ROAD, SUITE 300**      **319 S SHARON AMITY ROAD, SUITE 300**  
**CHARLOTTE NC 28211**      **CHARLOTTE NC 28211**



1st MOORE      CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**56-2374633**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **Janet Derner**

Street Address (P.O. Box Number is Not Acceptable)  
**384 Eagle Creek**

City **Lake Mary, FL**      Zip Code **32746**

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 *Janet Derner*      DATE **1-30-08**

(Signature, typed or printed name of registered agent and file, if applicable)      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State.**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAVELLE, MICHAEL	
STREET ADDRESS	319 S SHARON AMITY ROAD, SUITE 300	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CURRIN, GEORGE S	
STREET ADDRESS	319 S SHARON AMITY RD SUITE 300	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PATTERSON, LARRY H	
STREET ADDRESS	319 S SHARON AMITY RD SUITE 300	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *le R E*      Date **2/4/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Registered Phone #