2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 11, 2008 8:00 am Secretary of State **DOCUMENT # M06000001751** 08-11-2008 90028 014 ***138.75 WATERFORD SOUND-FCLD, LLC Principal Place of Business Mailing Address 4500 CAMERON VALLEY PARKWAY, SUITE 350 4500 CAMERON VALLEY PARKWAY, SUITE 350 50009311 CHARLOTTE, NC 28211 CHARLOTTE, NC 28211 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07302008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-4482989 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zia Code 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 Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent algosture required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Florida Department of State 9, MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FIRST COLONY LAND DEVELOPMENT, LLC STREET ADDRESS 4500 CAMERON VALLEY PARKWAY, SUITE 350 STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28211 CITY-SY-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 it 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.

CITY-\$T-71P

First Colony Land Developmen

CITY-ST-ZIP

BY: FC Land Development Inc Cynthia B. Hecrory, memb SIGNATURE: GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SOOS

FILED