## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # M98000001209

1. Entity Name

**GPI PROPERTIES 1997 LLC** 



Principal Place of Business

DO NOT WRITE IN THIS SPACE

2635 EAST MILLBROOK ROAD RALEIGH, NC 27604

Mailing Address 2635 EAST MILLBROOK ROAD RALEIGH, NC 27604

## **FILED** Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90028 005 \*\*\*\*50.00

DUU#0000



04062007 No Chg-LLC

CR2E083 (11/05)

Ì	4. FEI Number		Applied For
l	56-2062979		Not Applicable
	5. Certificate of Status Desired	\$5.00 Fee Re	O Additional equired

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its regions of registered agent.	stered office or registered agent, or both, in the State of Florida. I am fa	miliar with, and accept
SIGNATURE.	); );		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Re	istered Agent signature required when reinstating)  DATE	
Fi D	ling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	VALLEY MASTER PARTNERSHIP LTD PARTNERSHIP		
STREET ADDRESS	2635 EAST MILLBROOK ROAD		
CITY-ST-ZIP	RALEIGH, NC 27604		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	;
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE			

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 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.

Trustee of bannack Ltd, General Partnership LP, General Partner of LLC.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Samuel T. Oliver, Jr.