

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 22 PM 4:04

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001630

FAISON-WATERFORD LAKES VILLAGE LIMITED
PARTNERSHIP



Mailing Address

ATTN: LEGAL DEPT.
121 W. TRADE ST., STE. 1900
CHARLOTTE NC 28202

Principal Office Address

ATTN: LEGAL DEPT.
121 W. TRADE ST., STE. 1900
CHARLOTTE NC 28202

3. Date Formed or Registered

10/26/1995

5a. Capital Contributions as
Shown on record.

\$100.00

3a. Date of Last Report

10/01/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

6. FEI Number

56-1943626

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

121 W TRADE STREET
SUITE 2550
CHARLOTTE, NC

28202

USA

2a. Principal Office Address

121 W TRADE STREET
SUITE 2550
CHARLOTTE, NC

28202

USA

9. Name and Address of Current Registered Agent

JOYCE, JOHN M
225 E. ROBINSON STREET, SUITE 500
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Corporation Service Company
1201 Hays Street

Tallahassee FL 32301

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Frederick L. Collier

DATE 12-4-98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

FAISON CAPITAL DEVELOPMENT,

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

121 WEST TRADE STREET

11b. City, State & Zip Code

CHARLOTTE NC 28202-53

11c. Registration/
Document Number

F92000000164

000002738740--6
-01/12/99-01090-023
****141.25 ****141.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Diane K. Hunter* ASSISTANT SECRETARY

Typed or Printed Name of General Partner Signing Form

Diane K. Hunter

Daytime Telephone Number

704-331-2500

CR2E003 (8/98)