

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 2:36



1. Name of Limited Partnership

1a. DOCUMENT #  
B93000000412

FCD-FLEMING ISLAND LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

121 WEST TRADE ST.  
ATTN: LEGAL DEPT., 1900 INTERSTATE TOWER  
CHARLOTTE NC 28202-5399

121 WEST TRADE ST.  
ATTN: LEGAL DEPT., 1900 INTERSTATE TOWER  
CHARLOTTE NC 28202-5399

3. Date Formed or Registered

09/22/1993

5a. Capital Contributions as  
Shown on record.

\$60.00

3a. Date of Last Report

10/01/1997

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

4. State or Country of Formation

NC

2. Mailing Address

2a. Principal Office Address

121 W TRADE STREET  
SUITE 2550  
CHARLOTTE, NC

121 W TRADE STREET  
SUITE 2550  
CHARLOTTE, NC

28202 USA

28202 USA

6. FEI Number

56-1860155

☐ 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)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

JOYCE, JOHN M.  
225 EAST ROBINSON ST.  
SUITE 500  
ORLANDO FL 32801

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)

*Fredrick Collins*

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

FAISON CAPITAL DEVELOPMENT,

121 WEST TRADE ST., 1

CHARLOTTE NC 28202-53

F92000000164

3000002738689--6  
-01/12/99-01090-003  
\*\*\*\*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 *Faison Capital Development* DATE 12/12/98

Typed or Printed Name of General Partner Signing Form *Diane K. Hunter* Daytime Telephone Number 704-331-2542

CR2E003 (8/98)