

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000006044**1. Entity Name  
SRE FLORIDA - 3, LLC

|   |   |
|---|---|
| Principal Place of Business<br>5401 E. INDEPENDENCE BLVD.<br><br>CHARLOTTE NC 28244 | Mailing Address<br>5401 E. INDEPENDENCE BLVD.<br><br>CHARLOTTE NC 28244 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>5401 E. INDEPENDENCE BLVD. | 3. Mailing Address<br>5401 E. INDEPENDENCE BLVD. |
|--|--|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|                              |                              |
|------------------------------|------------------------------|
| City & State<br>CHARLOTTE NC | City & State<br>CHARLOTTE NC |
|------------------------------|------------------------------|

|              |               |              |               |
|--------------|---------------|--------------|---------------|
| Zip<br>28212 | Country<br>US | Zip<br>28212 | Country<br>US |
|--------------|---------------|--------------|---------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>58-2560868</b> | Applied For<br><input type="checkbox"/> Additional Fee Required<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br><br>PLANTATION FL 33324 US |  |
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|  |  |
|--|--|
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>FL Zip 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.

SIGNATURE \_\_\_\_\_ DATE **04/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS                  |                                 | 10. ADDITIONS / CHANGES                        |  |
|--|---------------------------------|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WRIGHT THEODORE M<br>5401 E. INDEPENDENCE BOULEVARD<br>CHARLOTTE NC 28212<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SMITH B. SCOTT<br>5401 E. INDEPENDENCE BOULEVARD<br>CHARLOTTE NC 28212<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SMITH O. BRUTON<br>5401 E. INDEPENDENCE BOULEVARD<br>CHARLOTTE NC 28212<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **THEODORE M. WRIGHT** MGR 04/19/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)