

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006044

Entity Name: SRE FLORIDA - 3, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

5401 E. INDEPENDENCE BLVD.
CHARLOTTE, NC 28212 US

New Principal Place of Business:

Current Mailing Address:

5401 E. INDEPENDENCE BLVD.
CHARLOTTE, NC 28212 US

New Mailing Address:

FEI Number: 58-2560868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, O. BRUTON
Address: 5401 E. INDEPENDENCE BOULEVARD
City-St-Zip: CHARLOTTE, NC 28212 US

Title: MGR () Delete
Name: SMITH, B. SCOTT P
Address: 5401 E. INDEPENDENCE BOULEVARD
City-St-Zip: CHARLOTTE, NC 28212 US

Title: MGR () Delete
Name: COSPER, DAVID P VPT
Address: 5401 E. INDEPENDENCE BOULEVARD
City-St-Zip: CHARLOTTE, NC 28212 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID P. COSPER

MGR

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date