

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000006044

Entity Name: SRE FLORIDA - 3, LLC

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5401 E. INDEPENDENCE BLVD.  
CHARLOTTE, NC 28212 US

**New Principal Place of Business:**

6415 IDLEWILD RD.  
SUITE 109  
CHARLOTTE, NC 28212 US

**Current Mailing Address:**

5401 E. INDEPENDENCE BLVD.  
CHARLOTTE, NC 28212 US

**New Mailing Address:**

6415 IDLEWILD RD.  
SUITE 109  
CHARLOTTE, NC 28212 US

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  
Name: SMITH, O. BRUTON  
Address: 6415 IDLEWILD RD., SUITE 109  
City-St-Zip: CHARLOTTE, NC 28212 US

Title: MGR  
Name: SMITH, B. SCOTT P  
Address: 6415 IDLEWILD RD., SUITE 109  
City-St-Zip: CHARLOTTE, NC 28212 US

Title: MGR  
Name: COSPER, DAVID P VPT  
Address: 6415 IDLEWILD RD., SUITE 109  
City-St-Zip: CHARLOTTE, NC 28212 US

I hereby 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

04/19/2010

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