

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006045

Entity Name: SRE FLORIDA - 2, LLC

FILED  
Apr 20, 2007  
Secretary of State

**Current Principal Place of Business:**

5401 E. INDEPENDENCE BLVD.  
CHARLOTTE, NC 28212

**New Principal Place of Business:**

**Current Mailing Address:**

5401 E. INDEPENDENCE BLVD.  
CHARLOTTE, NC 28212

**New Mailing Address:**

FEI Number: 58-2560900

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  
Address: 5401 E. INDEPENDENCE BLVD  
City-St-Zip: CHARLOTTE, NC 28212 US

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

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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

04/20/2007

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