## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: CLESCOST RESTORMENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCUMENT # \$\oldsymbol{\oldsymbol} \oldsymbol{\oldsymbol} \oldsymbol{\oldsymbol} \oldsymbol \oldsym					01.455	FILED		
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Principal Place of Business 3 Mailing Address 400 SOUTH TRYON STREET. SUITE 1,400 400 SOUTH TRYO CHARLOTTE NC 28201 CHARLOTTE NC 2		TRYON STREET, SUITE 1,000			SECRET TALLAHA	ARY OF S	STATE LORIDA	
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2. Principal Place of Business	3. Mailing Address			.				
Suite, Apt. #, etc.								
Sude 1300		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	City & State			4. FEI N	umber 58 - 2 5	5830-	×	Applied For Not Applicable
Zip Country	Zip	Country		5. Certif	icate of Status Des		\$5.00 A	dditional
6. Name and Address of Curr	ent Registered Agent			7. Name	and Address of N	lew Registere	Fee Required Agent	ed
SIMPSON, JOHN R JR			Vame					
280 WEST CANTON AVENUE, SUITE 410		Street Address		(P.O. Box N	(P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32789								
			City			F	Zip Co	de
8. The above named entity submits this statemen	nt for the purpose of changing	g its registered o	office or registe	red agent, o	or both, in the State	of Florida.	<b>-</b>	
8. The above named entity submits this statement SIGNATURE	,	g its registered o	office or registe	red agent, o	or both, in the State	of Florida.		,
		g its registered (			g)	DATE		
SIGNATURE	gent and title if applicable.		ent signature required	d when reinstatir	<u>. 50</u> 000 04	DATE	6955 -01047	
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