2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010019

Entity Name: SWEETING ASSOCIATES, LLC

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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100 S.E. 2ND STREET, 14TH FLOOR MIAMI, FL 331312100

Current Mailing Address: New Mailing Address:

 401 NORTH TRYON STREET
 401 N TRYON ST

 MC:NC1-021-02-20
 NC1-021-02-20

 CHARLOTTE, NC 282550001
 CHARLOTTE, NC 282550001

FEI Number: 65-1043296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

401 N TRYON ST; NC1-021-02-20

CHARLOTTE, NC 28255

(X) Change () Addition () Delete BANC OF AMERICA COMM, UNITY DEVELOPM E NT CORP BANC OF AMERICA COMM, UNITY DEVELOPM E NT CORP Name: Name: Address: 100 S.E. 2ND STREET, 14TH FLOOR Address: 401 N TRYON ST; NC1-021-02-20 MIAMI, FL 331312100 City-St-Zip: City-St-Zip: CHARLOTTE, NC 28255 US Title: Title: () Change (X) Addition () Delete NEW VISION COMMUNITY, DEVELOPMENT C O RPORATI Name: Name: Address: Address: 401 N TRYON ST: NC1-021-02-20 City-St-Zip: City-St-Zip: CHARLOTTE, NC 28255 Title: () Delete Title: MGR () Change (X) Addition Name: MROZ, GREG S Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREG S MROZ MGR 04/26/2004