

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019379

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: TOWN PARK ASSOCIATES, LLC

**Current Principal Place of Business:**

100 S.E. 2ND ST.  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

401 N TRYON ST  
NC1-021-02-20  
CHARLOTTE, NC 28255

**New Mailing Address:**

FEI Number: 65-1151918      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/MEMBERS:**

Title: MGR ( ) Delete  
Name: BANC OF AMERICA DEVE, LOPMENT, INC.  
Address: 401 N TRYON ST  
City-St-Zip: CHARLOTTE, NC 28255

Title: MGR ( ) Delete  
Name: MROZ, GREG S  
Address: 401 N TRYON ST  
City-St-Zip: CHARLOTTE, NC 28255

Title: MGRM ( ) Delete  
Name: MIAMI-DADE EMPOWERME, NT TRUST  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: MGRM ( ) Delete  
Name: ST. AGNES VILLAGE RA, INBOW DEVELOPM E NT CORP  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BANC OF AMERICA DEVE, LOPMENT, INC.  
Address: 401 N TRYON ST  
City-St-Zip: CHARLOTTE, NC 28255

Title: MGR (X) Change ( ) Addition  
Name: MAYS, SUSAN D  
Address: 401 N TRYON ST  
City-St-Zip: CHARLOTTE, NC 28255

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 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: SUSAN D MAYS

MGR

01/05/2005

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