

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019379

FILED
Jan 14, 2009
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/MANAGERS:

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

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

Title: MEMB () 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

Title: SVP () Change (X) Addition
Name: SMITH, DUANE L
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

I hereby certify that the information supplied with this filing does not qualify 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: DUANE L SMITH

SVP

01/14/2009

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