

* AMENDED *

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04222210379 1. Entity Name L01000019379 TOWN PARK ASSOCIATES, LLC	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 SE 2nd ST Suite, Apt. #, etc. City & State MIAMI FL Zip 33131		3. Mailing Address 401 N TRYON ST Suite, Apt. #, etc. NC1-021-02-20 City & State CHARLOTTE NC Zip 28255		Country MECKLENBURG
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9/16

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number 65-1151918		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 S PINE ISLAND RD

City
PLANTATION FL Zip Code
33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$60.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER Banc of America Development, Inc. NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500023119885 09/17/03--01007--001 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sr. V.P. Greg S. Mroz	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,
OR AUTHORIZED REPRESENTATIVE

GREG S. MROZ: Sr. V.P.

9-
Date

03

704-386-1190
Daytime Phone #