

*** 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 TOWN PARK ASSOCIATES, LLC L01000019379

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 SE 2nd ST Suite, Apt. #, etc.	3. Mailing Address 401 N TRYON ST Suite, Apt. #, etc.
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City & State MIAMI FL	City & State CHARLOTTE NC	4. FEI Number 65-1151918	Applied For Not Applicable
Zip 33131	Country	Zip 28255	Country MECKLENBURG

MJH
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
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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* **GREG S. MROZ, Sr. V.P.** **9-03 704-386-1190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)