2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State
07-25-2003 90066 025 ****50.00

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[redacted]

☑ CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000025505

1. Entity Name
PREMIER RESIDENTIAL INVESTMENTS, LLC

Principal Place of Business	Mailing Address
114 W. PARRISH STREET 5TH FLOOR DURHAM NC 27701 US	P.O. BOX 51428 DURHAM NC 27717 US

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 51429	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Durham, North Carolina	
Zip	Country	Zip: 27717	Country: USA

4. FEI Number: 02-0645444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALL, WAYNE R 8733 BECKINGHAM PLACE ORLANDO FL 32836	Name: Alexander C. MacKinnon Street Address (P.O. Box Number is Not Acceptable): 255 South Orange Ave. Suite 800 City: Orlando FL Zip Code: 32801

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] Alexander C. MacKinnon DATE: 7/15/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BASS, GUSTAVUS 113 LONG SHADOW PLACE DURHAM NC 27713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Wayne R. Hall 8733 Beckingham Place Orlando, FL 32836-5752	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE REQUIRED Gustavus Bass, Manager — Date: 6/16/03 — Daytime Phone #: 919-287-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE