## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED May 25, 2004 8:00 am Secretary of State 05-25-2004 90204 016 \*\*\*\*50.00

DOCUMENT # L03000045339  1. Entity Name CAROLINA COUSINS LLC							05-25-2004 90204 016 ****50.00				
3605 FAIR 0		US	Mailing Address POST OFFICE BOX 8050 GREENSBORO, NC 27419			) (Birmin)					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0105200	4 Chg-LLC	CR2E	083 (10/03)		
City & State			City & State		4. FEI Nun 20 -	4. FEI Number Applied For 20 - 0472228 Not Applied		oplied For ot Applicable			
Zip	Country		Zip Cou		ntry	5. Certifica	ate of Status Desired		\$5.00 Add Fee Require		
6. Name and Address of Current F			Registered Agent	7, Name and Address of New Registered Agent							
BARKER,	I ĒĀĦ		and the second of the second	Name							
3605 FAIR	OAKS PLACE				Street Addr	ess (P.O. Box Nur	nber is Not Acceptable	)			
	al .										
		` .			City			FL	Zip Cod	ie	
			the purpose of changing it	s register	ed office or reg	gistered agent, or	both, in the State of Fid	rida. I am	familiar with,	and accept	
the obligations of registered agent.											
SIGNATURE											
	Signature, typed or printed	name of registored agent a	но ине п арракавие. (110	TE. Negistare	o Agent agniture in	equied when tensialing)	·		Gar Hill (1975)		
	ling Fee is \$50 ue by May 1, 20	,					Mak Florida	e check p Departm	ayable to ent of State		
9.	, ———	ANAGING MEMBE		10.			ADDITIONS/	CHANGES			
TITLE NAME	MGR : SAMET, NORMA	AN G	. Delete	TITL Nam					☐ Change	☐ Addition	
STREET ADDRESS 309 GALLIMORE DAIRY ROAD, S			SUITE 102	STRE	EET ADDRESS		•			İ	
TITLE	GREENSBORO,	NC 2/409	□ Delete	TITL	<del></del>				Change	☐ Addition	
NAME		•	CT Delete	NAM	i				C Change	LI AUUIIIII	
STREET ADDRESS		•		STRE	EET ADDRESS	-					
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TITLE		• *	☐ Delete	TITU					Change	☐ Addition	
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CITY+ST-ZIP	<u></u>						• _	•	• a		
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NAME	,			NAM							
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP						
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TITLE NAME			· Delete	TITL					☐ Change	Addition	
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TITLE	5 21		☐ Delete	TITU	· ·				☐ Change	Addition	
NAME Street address				NAM	ET ADDRESS	•					
CITY-ST-ZIP	-		•	1	-ST-ZIP					*	
11. I hereby o	certify that the inform	ation supplied with	this filing does not qualify for	or the exe	mption stated	in Section 119.070	3)(i), Florida Statutes I	further cer	tify that the in	nformation	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (7(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.											
SIGNAT	IIDE.	72		_	_		\$19/00	7			
SIGNAL	SIGNATURE AND TYPE	O OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REF	PRESENTATIVE	Date		aytime Phone #	<del></del>	