

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000039879

**Entity Name:** CONSERVATORY 317, LLC

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10500 KILMORY TERRACE  
CHARLOTTE, NC 28210

**New Principal Place of Business:**

**Current Mailing Address:**

10500 KILMORY TERRACE  
CHARLOTTE, NC 28210

**New Mailing Address:**

**FEI Number:** 20-2727949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIRAGUSA, MICHAEL A  
780 NORTH PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 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:** MGR  
**Name:** COX, MATTHEW M  
**Address:** 10500 KILMORY TERRACE  
**City-St-Zip:** CHARLOTTE, NC 28210

**Title:** MGR  
**Name:** THRASH, DAVID C  
**Address:** 2001 PROVIDENCE ROAD  
**City-St-Zip:** CHARLOTTE, NC 28211

I hereby 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:** MATTHEW M. COX

MGR

01/11/2010

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