

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047591

Entity Name: SLG WRIGHT, LLC

FILED  
Mar 16, 2010  
Secretary of State

## Current Principal Place of Business:

4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

## Current Mailing Address:

4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

## New Mailing Address:

FEI Number: 20-3230134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSH, J. TAYLOR  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224 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: PCEO  
Name: WRIGHT, J. ROBERT JR.  
Address: 10400 MALLARD CREEK ROAD, SUITE 250  
City-St-Zip: CHARLOTTE, NC 28262 US

Title: CHMN  
Name: STOKES, E. CHESTER JR  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP  
Name: KUNKEL, JOHN C  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPSE  
Name: HOLM, MALLORY G  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPTR  
Name: FREDENHAGEN, SHARON W  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: AS  
Name: LAWARRE, JOY L  
Address: 4315 PABLO OAKS CRT  
City-St-Zip: JACKSONVILLE, FL 32224 US

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: J. ROBERT WRIGHT, JR.

PCEO

03/16/2010

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