

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074958

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** PETRICHOR DEVELOPMENT - CHARLOTTE, LLC

**Current Principal Place of Business:**

222 LAKEVIEW AVENUE  
SUITE 400 - ATTENTION: MICHAEL GREENE  
WEST PALM BEACH, FL 33324 US

**New Principal Place of Business:**

400 N PINE ISLAND RD  
SUITE 300  
PLANTATION, FL 33324 US

**Current Mailing Address:**

222 LAKEVIEW AVENUE  
SUITE 400 - ATTENTION: MICHAEL GREENE  
WEST PALM BEACH, FL 33324 US

**New Mailing Address:**

400 N PINE ISLAND RD  
SUITE 300  
PLANTATION, FL 33324 US

**FEI Number:** 20-4654761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREENE, MICHAEL M  
400 N PINE ISLAND RD. #300  
PLANTATION, FL 33324 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 ( ) Delete  
Name: GREENE, MICHAEL M  
Address: 400 N PINE ISLAND RD. #300  
City-St-Zip: PLANTATION, MI 33324 MI

Title: MGR ( ) Delete  
Name: SORENSEN, KEITH  
Address: 400 N PINE ISLAND RD. #300  
City-St-Zip: PLANTATION, FL 33324

Title: MGR ( ) Delete  
Name: SHACTER, BARRY  
Address: 400 N PINE ISLAND RD. #300  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** BARRY SHACTER

MGR

04/15/2008

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