

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # L05000116762</b>  |  |   |  |  |  |
| <b>1. Entity Name</b><br>MERRYPLACE DEVELOPMENT, LLC  |  |   |  |  |  |
| <b>Principal Place of Business</b><br>101 S. TRYON STREET, NC1-002-18-02<br>CHARLOTTE, NC 28255 US  |  |   | <b>Mailing Address</b><br>101 S. TRYON STREET, NC1-002-18-02<br>CHARLOTTE, NC 28255 US |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>101 E. Kennedy Blvd, 6th Fl.   |  | <b>3. Mailing Address</b><br>401 N. Tryon St, 2nd Fl. |  | <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">2007 NOV 13 P 2:36</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE</div> <div style="font-size: 0.8em; font-weight: bold;">10022007 REIN-LLC CR2E101 (1/07)</div> |  |
| <b>Suite, Apt. #, etc.</b><br>MC: FL1-400-06-08   |  | <b>Suite, Apt. #, etc.</b><br>MC: NC1-021-02-20       |  |  |  |
| <b>City &amp; State</b><br>Tampa, FL  |  | <b>City &amp; State</b><br>Charlotte, NC              |  |  |  |
| <b>Zip</b><br>33602   |  | <b>Zip</b><br>28255                                   |  |  |  |
| <b>Country</b><br>USA   |  | <b>Country</b><br>USA                                 |  | <b>4. FEI Number</b><br>20-3895983   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |   |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324   |  |   | <b>7. Name and Address of New Registered Agent</b>                                     |  |  |
| Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                     |  |  |
|   |  |   | State  |  |  |
|   |  |   | Zip Code   |  |  |
| <b>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.</b>  |  |   |  |  |  |
| SIGNATURE <i>Dale H. Morris</i>   |  | <b>DALE W MORRIS</b><br>ASSISTANT VICE PRESIDENT      |  | October 10, 2007   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2008, Fee will be \$200.00</b>  |  |   | Make check payable to<br><b>Florida Department of State</b>                            |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>BANC OF AMERICA COMMUNITY DEVELOPMENT CORP<br>101 S. TRYON STREET, NC1-002-18-02<br>CHARLOTTE, NC 28255 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="font-size: 1.2em; font-weight: bold; text-align: center;">200111195162</div> <div style="font-size: 0.8em; text-align: center;">10/23/07--01019--014 **150.00</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div>   |  |   |  |  |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |  |   |  |  |  |
| Merryplace Development, LLC, by Banc of America Community Development Corporation,  |  |   |  |  |  |
| <b>SIGNATURE:</b> Manager, by Henry Thurston Cooke, II, Vice President  |  |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |   |  |  |  |
| Date  |  |   |  |  |  |
| Daytime Phone #   |  |   |  |  |  |
| Henry Thurston Cooke, II, Vice President  |  |   |  |  |  |