

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054043

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** STARKEY RANCH TOWN CENTER I, LLC

**Current Principal Place of Business:**

C/O CROSLAND STARKEY RANCH TOWN CENTER I,  
227 W TRADE STREET, SUITE 600  
CHARLOTTE, NC 28202

**New Principal Place of Business:**

C/O CROSLAND, LLC  
227 W TRADE STREET, SUITE 600  
CHARLOTTE, NC 28202

**Current Mailing Address:**

C/O CROSLAND STARKEY RANCH TOWN CENTER I,  
227 W TRADE STREET, SUITE 600  
CHARLOTTE, NC 28202

**New Mailing Address:**

C/O CROSLAND, LLC  
227 W TRADE STREET, SUITE 600  
CHARLOTTE, NC 28202

**FEI Number:** 20-4950606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

READER, PERRY J  
5850 T.G. LEE BOULEVARD, SUITE 200  
ORLANDO, FL 32822 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: CROSLAND STARKEY RAN, CH TOWN CENTER I, LLC  
Address: 227 W TRADE STREET, SUITE 800  
City-St-Zip: CHARLOTTE, NC 28202

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD F. LONG

SVP

04/24/2007

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