2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# L06000074119

Entity Name: RELIANCE-ECLIPSE WEST, LLC

Current Principal Place of Business:

46 HAYWOOD STREET
SUITE 200
ASHEVILLE, NC 28801

New Principal Place of Business:

Current Mailing Address:

46 HAYWOOD STREET
SUITE 200
ASHEVILLE, NC 28801

New Mailing Address:

FEI Number: 20-5274464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: JACKSON, ROBERT O
Address: 46 HAYWOOD STREET SUITE 200
City-St-Zip: ASHEVILLE, NC 28801

Title: MGR
Name: JANTON, STEPHEN R
Address: 46 HAYWOOD STREET SUITE 200
City-St-Zip: ASHEVILLE, NC 28801

Title: MGR
Name: LUTZ, FREDERICK
Address: 46 HAYWOOD STREET SUITE 200
City-St-Zip: ASHEVILLE, NC 28801 US

Title: MGR
Name: POOLE, CHUCK
Address: 46 HAYWOOD STREET SUITE 200
City-St-Zip: ASHEVILLE, NC 28801 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 Statues.

SIGNATURE: ROBERT O. JACKSON MGR 04/25/2012

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