

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121117

FILED
Aug 07, 2007
Secretary of State

Entity Name: CP DEVELOPMENT GROUP 2, LLC

Current Principal Place of Business:

101 E. KENNEDY BOULEVARD, 6TH FLOOR
MAIL CODE: FL1-400-06-08
TAMPA, FL 33631

New Principal Place of Business:

101 E. KENNEDY BOULEVARD, 6TH FLOOR
FL1-400-06-08
TAMPA, FL 33631

Current Mailing Address:

401 N. TRYON STREET, MAIL CODE:
NC1-021-02-20
CHARLOTTE, NC 28255

New Mailing Address:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255

FEI Number: 20-8077040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: BANC OF AMERICA COMM, UNITY DEVELOPM E NT CORP
Address: 101 E. KENNEDY BLVD, 6TH FL, MC FL1-400-06
City-St-Zip: TAMPA, FL 33631

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BANC OF AMERICA COMM, UNITY DEVELOPM E NT CORP
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

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: GREG S MROZ

SVP

08/07/2007

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