2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# L07000102006

Entity Name: OAKRIDGE PINES, LLC

Current Principal Place of Business:

101 E. KENNEDY BOULEVARD, 6TH FLOOR
MAIL CODE: FL1-400-06-08
TAMPA, FL 33602

New Principal Place of Business:

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

Current Mailing Address:

101 E. KENNEDY BOULEVARD, 6TH FLOOR
MAIL CODE: FL1-400-06-08
TAMPA, FL 33602

New Mailing Address:

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

FEI Number: 26-1209856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 BOULEVARD, 6TH FLOOR
City-St-Zip: TAMPA, FL 33602

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 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: DUANE L SMITH SVP 08/27/2008

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