

2000 UNIFORM BUSINESS REPORT (UBR)

0017575 SP

DOCUMENT # L98000003019

1. Entity Name
TLC, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 4:19

Principal Place of Business Mailing Address
FL9-001-09-03. 50 NORTH LAURA STREET FL9-001-09-03. 50 NORTH LAURA STREET
JACKSONVILLE FL 32202 -3664 JACKSONVILLE FL 32202-3664



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|---------|----------------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business same | | 3. Mailing Address same | | 4. FEI Number 59-3546812 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
|---|--|--|--|--|--|--|--|

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | | | | 10. ADDITIONS / CHANGES | | | |
|--|---|---------------------------------|--|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM NATIONSBANK COMMUNITY DEVELOPMENT CORP. ** FL9-001-09-03, 50 NORTH LAURA STREET JACKSONVILLE FL 32202 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 600003123606-4 -02/04/00--01009--002 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | **now known as Banc of America Community Development Corporation | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Banc of America Community Development Corporation (f/k/a NationsBank Community Development Corporation) Managing Member

SIGNATURE: By: Sarah A. Lynn 1/19/2000 704-386-9646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)