


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000884 1. Entity Name TKC XLV, LLC	
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Principal Place of Business 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE, NC 28209	Mailing Address 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE, NC 28209
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01062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2193986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BEULEY, KENNETH R 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE, NC 28209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEITH, GREG 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE, NC 28209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRACE, MIKE 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE, NC 28209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEITH, GRAEME M 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE, NC 28209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANBY, DAVID A 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE, NC 28209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAGIELSKI, ELIZABETH 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE, NC 28209

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02/20/04-80080-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #