FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am **Secretary of State** DOCUMENT # M0000000885 1. Entity Name 01-24-2002 90357 027 ****50.00 TKC XXXVII, LLC Principal Place of Business Mailing Address 509974 5935 CARNEGIE BOULEVARD. SUITE 200 5935 CARNEGIE BOULEVARD. SUITE 200 CHARLOTTE NC 28209 CHARLOTTE NC 28209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-2194529 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM Addition CR2E083 (9/01) TITLE Change TITLE ☐ Delete BEULEY, KENNETH R NAME NAME STREET ADDRESS STREET ADDRESS 5935 CARNEGIE BOULEVARD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28209 MGRM TITLE Delete TITLE ☐ Change ☐ Addition KEITH, GREG NAME NAME STREET ADDRESS 5935 CARNEGIE BOULEVARD, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28209 **MGRM** ☐ Change ☐ Addition TITLE ☐ Delete GRACE, MIKE NAME STREET ADDRESS 5935 CARNEGIE BOULEVARD, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CHARLOTTE NC 28209 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition KEITH, GRAEME M NAME NAME STREET ADDRESS 5935 CARNEGIE BOULEVARD, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP **CHARLOTTE NC 28209** MGRM Delete ☐ Change ☐ Addition TITLE TITI F HANBY, DAVID A NAME NAME STREET ADDRESS STREET ADDRESS 5935 CARNEGIE BOULEVARD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28209** TITLE Delete TITLE Change ☐ Addition NAME JAGIELKSI, ELIZABETH NAME STREET ADDRESS 5935 CARNEGIE BOULEVARD, SUITE 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CHARLOTTE NC 28209** 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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #