


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90228 011 ****50.00

DOCUMENT # M00000000885	
1. Entity Name TKC XXXVII, LLC	

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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DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2194529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (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 JAGIELKSI, ELIZABETH 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE, NC 28209

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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: Elizabeth Jagielski 1/1/04 704-365-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #