2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000000885

1. Entity Name

TKC YYYVILLIC



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90085 001 ***100.00

110 ///	FII, LLO			
Principal Place of Business Mailing Address 5935 CARNEGIE BOULEVARD. SUITE 200 5935 CARNEGIE BOULEVA CHARLOTTE NC 28209 CHARLOTTE NC 28209		rd. Suite 200	550U0001	
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 56-2194529 Applied For Not Applied be
Zìp	Country	Zip	Country	Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
			Name	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Address	ss (P.O. Box Number is Not Acceptable)
•			City	Zip Code
_				FL
	named entity submits this statement f ions of registered agent.	or the purpose of changing its	s registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept
J				
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	TE: Registered Agent signature requir	ired when reinstating) DATE
		Make Check Payab	OW!!! FEE IS \$50.00 lie to Florida Departm le By May 1, 2003	
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEULEY, KENNETH R 5935 CARNEGIE BOULEVARD, CHARLOTTE NC 28209	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEITH, GREG 5935 CARNEGIE BOULEVARD, CHARLOTTE NC 28209	☐ Delete SUITE 200	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRACE, MIKE 5935 CARNEGIE BOULEVARD, CHARLOTTE NC 28209	Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEITH, GRAEME M 5935 CARNEGIE BOULEVARD, CHARLOTTE NC 28209	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	MGRM	Delete	= TIFLE ==== :	
NAME STREET ADDRESS CITY-ST-ZIP	HANBY, DAVID A 5935 CARNEGIE BOULEVARD, CHARLOTTE NC 28209		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	MGRM JAGIELKSI, ELIZABETH 5935 CARNEGIE BOULEVARD,	Delete SUITE 200	TITLE NAME STREET ADDRESS CITY_ST_7IR	☐ Change ☐ Addition

11. Thereby certify that the information supplied with this filling 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 or powered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #