

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **MOD0000 00475**

1. Entity Name

MV Tampa Fairfield III, LLC

01 MAY 31 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

301 S. College St.

Charlotte NC 28288-0630

2. Principal Place of Business

301 S. College St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Charlotte NC

4. FEI Number

52-2259756

Applied For

Not Applicable

Zip

Country

Zip

Country

28288-0630

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company

1201 Hays St.

Tallahassee, FL 32301

Name

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **Mountain Ventures, LLC** ☐ Delete
STREET ADDRESS **301 S. College St.** **mcr**
CITY-ST-ZIP **Charlotte NC 28288-0630**

TITLE NAME **300004335000** ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: **Row 4. Ash**

Senior Vice President

5/29/01

704-715-2403

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

Date

Daytime Phone #

CR2E083 (11/00)



ACCOUNT NO. : 072100000032

REFERENCE : 168767 167868A

AUTHORIZATION :

Patricia K. Pitt

COST LIMIT : \$ 50.00

ORDER DATE : May 31, 2001

ORDER TIME : 10:48 AM

ORDER NO. : 168767-020

CUSTOMER NO: 167868A

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 MAY 31 AM 11:24

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CUSTOMER: Beverly Jackson, Legal Asst
First Union Corporation
One First Union Center, Nc0630
Legal Division-31st Floor
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: MV TAMPA FAIRFIELD III, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: _____