

FILED  
Jun 26, 2003 8:00 am  
Secretary of State

04-14-2003 90005 009 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                                                                      |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # M00000002426</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                     |                                                                                                     |
| 1. Entity Name<br><b>ROEDER &amp; MOORE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                                      |                                                                                                     |
| Principal Place of Business<br><b>330 YORKSHIRE DRIVE<br/>CHARLOTTE NC 28217</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      | Mailing Address<br><b>330 YORKSHIRE DRIVE<br/>CHARLOTTE NC 28217</b>                                                                 |                                                                                                     |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | 3. Mailing Address                                                                                                                   |                                                                                                     |
| Subs. Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      | Subs. Apt. #, etc.                                                                                                                   |                                                                                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      | City & State                                                                                                                         |                                                                                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                              | Zip                                                                                                                                  | Country                                                                                             |
| 4. FEI Number <b>56-2168348</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      | \$5.00 Additional Fee Required                                                                                                       |                                                                                                     |
| 6. Name and Address of Current Registered Agent<br><b>O-T-CORPORATION-SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                 |                                                                                                                      |                                                                                                                                      |                                                                                                     |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and 10% if applicable. (NOTE: Registered Agent signatures required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                                      |                                                                                                     |
| <b>FILE NOW!!! FEE IS \$50.00</b><br>Make Check Payable to Florida Department of State<br>Due By May 1, 2003                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                                      |                                                                                                     |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      | 10. ADDITIONS/CHANGES                                                                                                                |                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MANAGING MEMBER</b><br><b>MOORE, WILLIAM D</b><br><b>4820 FOX THORNE DR.</b><br><b>CHARLOTTE NC 28218</b>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MANAGING MEMBER</b><br><b>WILSON, LESUE JR</b><br><b>8815 PINNACLE CROSS DR #4</b><br><b>HUNTERVILLE NC 28078</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Manager</b><br><b>MOORE, WILLIAM D</b><br><b>1348 MULLER ROAD</b><br><b>BLYTHWOOD SC 29016</b>                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Manager</b><br><b>HARRIS, MERE</b><br><b>330 YORKSHIRE DRIVE</b><br><b>CHARLOTTE NC 28217</b>                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Manager</b><br><b>NORTHENT, ROGH</b><br><b>330 YORKSHIRE DRIVE</b><br><b>CHARLOTTE NC 28217</b>                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>Northcutt, Hugh</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes. |                                                                                                                      |                                                                                                                                      |                                                                                                     |
| SIGNATURE: <b>William D Moore II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | <b>4/10/03 704-525-0555</b>                                                                                                          |                                                                                                     |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                                                      |                                                                                                     |