

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90047 044 \*\*\*\*50.00

**DOCUMENT # M00000002641**

1. Entity Name  
**FAISON CAPITAL DEVELOPMENT, LLC**



Principal Place of Business  
**121 WEST TRADE ST., STE. 2550  
CHARLOTTE, NC 28202**

Mailing Address  
**121 WEST TRADE ST., STE. 2550  
CHARLOTTE, NC 28202**

**20016307**



2. Principal Place of Business  
**121 West Trade Street, 27th Floor**

3. Mailing Address  
**121 West Trade Street, 27th Floor**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112005 Chg-LLC CR2E083 (10/03)

City & State  
**Charlotte, North Carolina**

City & State  
**Charlotte, North Carolina**

4. FEI Number  
**56-2228228**

Applied For  
Not Applicable

Zip  
**28202-5399**

Country  
**USA**

Zip  
**28202-5399**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FAISON, HENRY J  
121 WEST TRADE ST., STE. 1900  
CHARLOTTE, NC 28202** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Faison, Henry J.  
121 West Trade Street, 27th Floor  
Charlotte, NC 28202** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NORWOOD, PHILIP W  
121 WEST TRADE ST., STE. 2550  
CHARLOTTE, NC 28202** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Norwood, Philip W.  
121 West Trade Street, 27th Floor  
Charlotte, NC 28202** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JACKSON, ALLEN S JR.  
121 WEST TRADE ST., STE. 2550  
CHARLOTTE, NC 28202** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Jackson, Jr., Allen S.  
121 West Trade Street, 27th Floor  
Charlotte, NC 28202** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTS  
WHITAKER, BILLIE R  
121 WEST TRADE STREET STE 2550  
CHARLOTTE, NC 28202** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President & Treasurer  
Poplin, Chris M.  
121 West Trade Street, 27th Floor  
Charlotte, NC 28202** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
FARMER, NANCY  
121 WEST TRADE ST STE 2550  
CHARLOTTE, NC 28202** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
Farmer, Nancy L.  
121 West Trade Street, 27th Floor  
Charlotte, NC 28202** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President & Secretary  
Nelson, Shawn L.  
121 West Trade Street, 27th Floor  
Charlotte, NC 28202** ☐ Change ☒ Addition

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:** *Nancy L. Farmer* **Nancy L. Farmer, Assistant Secretary**

02/11/2005

704-972-2500

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

Date

Daytime Phone #