

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000002641

1. Entity Name
FAISON CAPITAL DEVELOPMENT, LLC



Principal Place of Business
**121 WEST TRADE ST., 27TH FLOOR
CHARLOTTE, NC 28202**

Mailing Address
**121 WEST TRADE ST., 27TH FLOOR
CHARLOTTE, NC 28202**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE# Number
56-2228228

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAISON, HENRY J 121 WEST TRADE ST 27TH FLOOR CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORWOOD, PHILIP W 121 WEST TRADE ST 27TH FLOOR CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, ALLEN S JR. 121 WEST TRADE ST 27TH FLOOR CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT POPLIN, CHRIS M 121 WEST TRADE ST 27TH FLOOR CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FARMER, NANCY 121 WEST TRADE ST 27TH FLOOR CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NELSON, SHAWN 121 WEST TRADE STREET, 27TH FLOOR CHARLOTTE, NC 28202

U00000599445
01/25/07-80028-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/9/07

Date

704-972-2500

Daytime Phone #