

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90070 008 ***138.75

00000000000000000000



01072008 Chg-LLC CR2E083 (12/06)

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2228228	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 27TH FLOOR CHARLOTTE, NC 28202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORWOOD, PHILIP W 121 WEST TRADE ST 27TH FLOOR CHARLOTTE, NC 28202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, ALLEN S JR. 121 WEST TRADE ST 27TH FLOOR CHARLOTTE, NC 28202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT POPLIN, CHRIS M 121 WEST TRADE ST 27TH FLOOR CHARLOTTE, NC 28202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FARMER, NANCY 121 WEST TRADE ST 27TH FLOOR CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NELSON, SHAWN 121 WEST TRADE STREET, 27TH FLOOR CHARLOTTE, NC 28202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS myers, Cynthia T 121 West Trade St, 27th Floor Charlotte, NC 28202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <i>Cynthia T. Myers</i> Cynthia T. Myers 1-10-08 704/992-2508 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					