

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002641

FILED
Jan 08, 2010
Secretary of State

Entity Name: FAISON CAPITAL DEVELOPMENT, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-2228228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FAISON, HENRY J
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: MGR
Name: NORWOOD, PHILIP W
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: MGR
Name: JACKSON, ALLEN S JR.
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: VT
Name: POPLIN, CHRIS M
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: AS
Name: MYERS, CYNTHIA T
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: VS
Name: NELSON, SHAWN
Address: 121 WEST TRADE STREET, 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CYNTHIA T. MYERS

AS

01/08/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date