

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001332

FILED
Feb 08, 2005
Secretary of State

Entity Name: FLEET DEVELOPMENT VENTURES L.L.C.

Current Principal Place of Business:

100 FEDERAL ST.
MA /DE 10019B
BOSTON, MA 02110

New Principal Place of Business:

100 FEDERAL ST.
MA DE 100-19-B
BOSTON, MA 02110

Current Mailing Address:

100 FEDERAL ST.
MA/DE 10019B
BOSTON, MA 02110

New Mailing Address:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255

FEI Number: 04-3370136

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/MEMBERS:

Title: MGR () Delete
Name: FLEET NATIONAL BANK,
Address: 100 FEDERAK ST
City-St-Zip: BOSTON, MA 02110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLEET NATIONAL BANK,
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: MGRM () Change (X) Addition
Name: BANCOSTON INVESTMEN, TS, INC.
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FLEET NATIONAL BANK

MGRM

02/08/2005

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