2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/19/

FILED
Jun 18, 2004 8:00 am
Secretary of State
04-19-2004 90025 049 ****50.00

DOCUMENT # M01000001402

1. Entity Name
CORVAL, LLC

J4UU0764

Principal Place of Business	Mailing Address
1829 EASTCHESTER DR HIGH POINT, NC 27265	P O BOX 2646 HIGH POINT, NC 27261

DO NOT WRITE IN THIS SPACE

02022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2250257
☐ 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

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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: Charles E Jarrett 4/13/04
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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCQUEEN, THOMAS J
STREET ADDRESS	5569 SALEM SQUARE DRIVE SOUTH
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	MGRM
NAME	RICE, ROBERT C
STREET ADDRESS	4400 FALLS OF NEUSE ROAD
CITY-ST-ZIP	RALEIGH, NC 276090626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Charles E Jarrett 6/4/04 336-822-4320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #