

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002286

1. Entity Name

TKC XXXVIII, LLC

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

06-24-2002 90296 023 \*\*\*\*50.00

969271



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5935 CARNEGIE BOULEVARD, SUITE 200  
CHARLOTTE NC 28209

Mailing Address  
5935 CARNEGIE BOULEVARD, SUITE 200  
CHARLOTTE NC 28209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

56-2263895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM BEULEY, KENNETH R 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE NC 28209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM KEITH, GREG 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE NC 28209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM KEITH, GRAEME M 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE NC 28209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM HANBY, DAVID A 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE NC 28209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM JAGIELSKI, ELIZABETH 5935 CARNEGIE BOULEVARD, SUITE 200 CHARLOTTE NC 28209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #