

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90185 014 \*\*\*\*50.00

DOCUMENT # M01000002920

1. Entity Name **WILKINSON-HI-RISE, LLC**

**DO NOT WRITE IN THIS SPACE**

**924938**

2. Principal Place of Business  
**Two Hannover Square**

3. Mailing Address  
**Two Hannover Square**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1920**

**Suite 1920**

City & State

City & State

**Raleigh, NC**

**Raleigh, NC**

Zip

Country

Zip

Country

**27601**

**USA**

**27601**

**USA**

4. FEI Number

**36 4474194**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Nationscorp Registered Agents, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**526 E. Park Ave.**

City  
**Tallahassee**

**FL**

Zip Code  
**32301**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**[See Attached Exhibit A]**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**John E. Skvarla, III, Manager (919) 832-7080**

Date **2/1/2002** Daytime Phone #

CR2E083B (12/01)

Attachment  
984938  
#MO/00 0002920

EXHIBIT A

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR  
NAME: John E. Skvarla, III  
STREET ADDRESS: Two Hannover Square, Suite 1920  
CITY-ST-ZIP: Raleigh, North Carolina 27601

TITLE: MGR  
NAME: Todd A. Robinson  
STREET ADDRESS: Two Hannover Square, Suite 1920  
CITY-ST-ZIP: Raleigh, North Carolina 27601

TITLE: MGR  
NAME: Jack Hatcher  
STREET ADDRESS: Two Hannover Square, Suite 1920  
CITY-ST-ZIP: Raleigh, North Carolina 27601

TITLE: President  
NAME: Michael F. Bracken  
STREET ADDRESS: 2821 Evans Street  
CITY-ST-ZIP: Hollywood, Florida 33020

TITLE: Vice President - Operations  
NAME: Max Croy  
STREET ADDRESS: 2821 Evans Street  
CITY-ST-ZIP: Hollywood, Florida 33020

TITLE: Vice President - Finance  
NAME: Michael Malo  
STREET ADDRESS: 2821 Evans Street  
CITY-ST-ZIP: Hollywood, Florida 33020

TITLE: Vice President - Sales  
NAME: Peter Avram  
STREET ADDRESS: 2821 Evans Street  
CITY-ST-ZIP: Hollywood, Florida 33020