FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 31 PM 2:58

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002920

1. Entity Name
WILKINSON - HI-RISE, LLC

800021957438
07/31/03--01033--006 **50.00

Principal Place of Business	Mailing Address
~~TWO HANNOVER SQUARE, STE. 1920~~ ~~RALEIGH, NC 27601~~	~~TWO HANNOVER SQUARE, STE.~~ 1920 ~~RALEIGH, NC~~ 27601

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2821 Evans St.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State
Zip: 33020 Country: USA	Zip Country

4. FEI Number 36-4474194 ☐ 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
NATIONSCORP REGISTERED AGENTS, INC.	Name
526 E. PARK AVE.	Street Address (P.O. Box Number Is Not Acceptable)
TALLAHASSEE, FL 32301	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SKVARLA, JOHN E III TWO HANNOVER SQUARE, STE. 1920 RALEIGH, NC 27601 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] 7/15/03 954 342-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #