

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90035 011 \*\*\*\*50.00

**DOCUMENT # M02000000477**

1. Entity Name

ONE ENTERPRISE CENTER GP, LLC



Principal Place of Business

121 WEST TRADE ST., STE. 2550  
CHARLOTTE, NC 28202-5399

Mailing Address

121 WEST TRADE ST., STE. 2550  
CHARLOTTE, NC 28202-5399

**24046740**



01132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

54-2092542

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FAISON, HENRY J
STREET ADDRESS	121 W. TRADE STREET, SUITE 2550
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	MGR
NAME	NORWOOD, PHILIP W
STREET ADDRESS	121 W. TRADE STREET, SUITE 2550
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	MGR
NAME	MEENA, JAMES
STREET ADDRESS	345 NORTH COLLEGE STREET, SUITE 409
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 689, Florida Statutes.

SIGNATURE:

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

**MANAGER**  
PHILIP W. NORWOOD

4/5/2004 704-972-2500

Date

Daytime Phone #