2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

CHARLOTTE NC 28202

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

301 E. 9TH STREET. SUITE 160

DOCUMENT # M0200000480

Entity Name

Principal Place of Business

CHARLOTTE NC 28202

Suite, Apt. #, etc.

City & State

Zip

301 E. 9TH STREET, SUITE 160

2. Principal Place of Business

TITAN CONSTRUCTION GROUP, LLC



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90079 048 ****50.00

20010100

☐ CHECK HERE IF MAK	KING CHANGES
4. FEI Number 56-2266564	Applied For
	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required
7. Name and Address of New Register	red Agent
ويستندن والمصافية والمستدرة الأرادية	

AULD, DAVID B 70 SE 4TH AVENUE DELRAY BEACH FL 33483

Country

7. Name and Address of New Registered Agent				
Street Address (P.O. Box Number is Not Acceptable)				
FL	Zip Code			
	otable)			

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.

Country

SIGNATURE

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

6. Name and Address of Current Registered Agent

(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 FEATHERSTON, DAVID 400 G CLANTON ROAD CHARLOTTE NC 28217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEATHERSTON, DAVID K. Change Addition SOI EAST 955T. SUITE 160 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

David 15 Feathers

1/8/03

704.559.6359

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

Daytime Phone #

CR2E083 (10/02)