2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000000519

1. Entity Name
TKC XLVIII, LLC

Principal Place of Business	Mailing Address
5935 CARNEGIE BLVD., STE. 200 CHARLOTTE, NC 28209	5935 CARNEGIE BLVD., STE. 200 CHARLOTTE, NC 28209

01062004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2249938
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BEULEY, KENNETH R
STREET ADDRESS	5935 CARNEGUE BLVD STE 200
CITY-ST-ZIP	CHARLOTTE, NC 28209
TITLE	MGRM
NAME	KEITH, GREG
STREET ADDRESS	5935 CARNEGE BLVE STE 200
CITY-ST-ZIP	CHARLOTTE, NC 28209
TITLE	MGRM
NAME	HANBY, DAVID A
STREET ADDRESS	5935 CARNEGE BVLD STE 200
CITY-ST-ZIP	CHARLOTTE, NC 28209
TITLE	MGRM
NAME	JAGELSKI, ELIZABETH
STREET ADDRESS	5935 CARNEGE BLVD STE 200
CITY-ST-ZIP	CHARLOTTE, NC 28209
TITLE	MGRM
NAME	KEITH, GRAEME M
STREET ADDRESS	5935 CARNEGE BLVD STE 200
CITY-ST-ZIP	CHARLOTTE, NC 28209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000059408
12/20/04-80080-016 50.00

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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: Elizabeth Jagielski 1/9/04 704-365-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #