

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90013 044 ****50.00

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1. Entity Name
SUGARLOAF PROPERTIES, LLC



Principal Place of Business
400 SOUTH TRYON STREET SUITE 1300
CHARLOTTE, NC 28202

Mailing Address
400 SOUTH TRYON STREET SUITE 1300
CHARLOTTE, NC 28202

40021657



03092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2202808

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
FIELDS, ARTHUR W
400 S. TRYON ST.
CHARLOTTE, NC 28202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MCGEE, R. WAYNE
400 S. TRYON ST.
CHARLOTTE, NC 28202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WEBB, H. THOMAS III
5400 WESTHEIMER CT.
HOUSTON, TX 77056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 exemptions contained in Chapter 119, 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: R. Wayne McGee 3-16-06 704 3821711

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

Date

Daytime Phone #