

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001704

1. Entity Name

FAISON-POMPANO CITI CENTRE, LLC



Principal Place of Business

**121 WEST TRADE STREET 27TH FLOOR
CHARLOTTE, NC 28202-5399 US**

Mailing Address

**121 WEST TRADE STREET 27TH FLOOR
CHARLOTTE, NC 28202-5399 US**



02022006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3702093

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**

U00000440311
03/03/06-80011-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FAISON CAPITAL DEVELOPMENT, LLC
STREET ADDRESS	121 WEST TRADE STREET 27TH FLOOR
CITY- ST- ZIP	CHARLOTTE, NC 28202
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 606, Florida Statutes.

By: Faison Capital Development, LLC, its Manager

SIGNATURE: Nancy L. Farmer

Nancy L. Farmer, Assistant Secretary

02/03/2006

704-972-2500

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

Date

Daytime Phone #