2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000001704

1. Entity Name
FAISON-POMPANO CITI CENTRE, LLC



FILED Jan 31, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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



01072008 No Chg-LLC

CR2E083 (12/07)

4.	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

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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 Fiorida. 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	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
ITILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAISON CAPITAL DEVELOPMENT, LLC 121 WEST TRADE STREET 27TH FLOOR CHARLOTTE, NC 28202		U00000808435 02/07/08-80048-021 138.75	
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	

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.

By: Faison Capital Development) LLC; its Manager of the 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:

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

1-10-08

Date

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