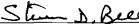
## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



## FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90075 016 \*\*\*\*50.00

1. Entity Name	NE CROSSING PROPE			
Principal Place of Business		Mailing Address		24059685
823 N. ELM STREET, #200 GREENSBORO, NC 27401-1539		823 N. ELM STREET, # Greensboro, NC 274		
2. Principal Pl	ace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-	04212004 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent
LE CLUB @	). BELL & COMPANY D SAGA BAY/ATTN: SILV 12TH STREET 33189	/IA HERNANDEZ	Street Address	ss (P.O. Box Number is Not Acceptable)
	e#		City	FL Zip Code
	named entity submits this statem ons of registered agent.	ent for the purpose of changing its	registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registere	d agent and title if applicable. (NOT	E: Registered Agent signature requir	(uked when reinstating) DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2004			Make check payable to Florida Department of State
9.	MANAGING M	EMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, STEVEN D 823 N. ELM STREET, #200 GREENSBORO, NC 2740		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. 4	☐ 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-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	on this report is true and accura		the same legal effect as if	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the hapter 608, Florida Statutes.

SIGNATURE:	



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