2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2005 08:00 AM Secretary of State DOCUMENT # M03000004206 DELCOR INVESTMENTS LLC Principal Place of Business Mailing Address 604 BAYBUSH DR PO BOX 97031 RALEIGH, NC 27615 RALEIGH, NC 27624 01122005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-1508273 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 5. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent signature required when reinstation) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9 MGRM ME DELACOURT, MICHAEL A NAME STREET ADDRESS 604 BAYBUSH DR U00000363078 RALEIGH, NC 27615 CITY-ST-ZIP 05/05/05-60143-020 50.00 TILLE NAME STREET ANORESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZZP IN THIS SPACE mr NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TIME

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 roport is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.

STREET ADDRESS CITY-ST-ZIP

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