-2004 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 29, 2004 08:00 AN Secretary of State DOCUMENT # M04000001894 1. Entity Name S B REAL ESTATE, LLC Principal Place of Business Mailing Address 701 SOUTH KING STREET 701 SOUTH KING STREET FAYETTEVILLE, NC 28301 FAYETTEVILLE, NC 28301 04262004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2100323 Not Applicable \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 U00000140100 '04-80144-021-50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE UNION, LAURI E NAME 701 S KING STREET STREET ADDRESS CITY-ST-78 FAYETTEVILLE, NC 28301 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS

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 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP