## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M0400001936

1. Entity Name FAISON-GROVE SQUARE, LLC

يو ميه مي و



....

Mailing Address

Principal Place of Business 121 WEST TRADE STREET, 27TH FLOOR CHARLOTTE, NC 28202

121 WEST TRADE STREET, 27TH FLOOR CHARLOTTE, NC 28202

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



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied Fo	
<u>55-0871054</u>	 Not Applic	able
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

Date

PLANTATION, FL 33324		IN THIS SPACE	
	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere	of Agent signature required when reinstating) DATE	
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAISON CAPITAL DEVELOPMENT, LLC 121 WEST TRADE STREET, 27TH FLOOR CHARLOTTE, NC 28202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000808437 02/07/08-80048-023 138.75 <b>DO NOT WRITE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia By: Fo	certify that the information supplied with this filing does not qualify for the ere on this report is true and accurate and that my signature shall have the satisfied company quither sective or trustee empowered to execute this report its on captual Development. The manage Cyntherese	remptions contained in Chapter 119, Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.	

myers

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