2008 LIMITED LIABILITY COMPANY

FILED Apr 10, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # M04000003942 1. Entity Name GRAHAM P.C. INVESTMENTS, LLC Principal Place of Business Mailing Address 3129 SPRINGBANK LANE 3129 SPRINGBANK LANE CHARLOTTE, NC 28226 CHARLOTTE, NC 28226 03182008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPAGE FEI Number Applied For 20-0838936 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent KATZ, B. PAUL DONION WRITE ATRIÚM SUITE, 1 FLORIDA PARK DRIVE SOUTH PALM COAST, FL 32137 NATHIS 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) DATE U00000890754 FILE NOW!!! FEE IS \$138.75 22/08-80107-016 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME ALLEN, GRAHAM B STREET ADDRESS 3129 SPRINGBANK LANE CHARLOTTE, NC 28226 CITY-ST-ZIP 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 CITY-ST-ZIP

11. I hereby cerufy that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> O VENTER, OR AUTHORIZED REPRESENTATIVE ED NAME OF SIGNING MANAGE SIGNATURE 4