

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90013 039 \*\*\*\*50.00

**DOCUMENT # M04000005714**

1. Entity Name  
CLT DEVELOPMENT, LLC



Principal Place of Business  
400 SOUTH TRYON STREET, SUITE 1300  
CHARLOTTE, NC 28201

Mailing Address  
400 SOUTH TRYON STREET, SUITE 1300  
CHARLOTTE, NC 28201



03092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-1393851

Applied For  
Not Applicable

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**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FIELDS, ARTHUR W  
400 SOUTH TRYON STREET, SUITE 1300  
CHARLOTTE, NC 28201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MCGEE, R. WAYNE  
400 SOUTH TRYON STREET, SUITE 1300  
CHARLOTTE, NC 28201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SHORT, JAMES M JR  
400 SOUTH TYRON STREET SUITE 1300  
CHARLOTTE, NC 28201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** R. Wayne McGee R. Wayne McGee 3.16.06 7043821711

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

Date

Daytime Phone #