

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000000995
 1. Entity Name
FAISON-WEST FIFTH, LLC



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

Mailing Address
 27TH FLOOR, 121 WEST TRADE ST
 CHARLOTTE, NC 28202



01032007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
 20-2419996

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAISON CAPITAL DEVELOPMENT, LLC 27TH FLOOR, 121 WEST TRADE ST CHARLOTTE, NC 28202
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 01/25/07-80027-018 50.00

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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.

By: *Faison Capital Development, LLC, its manager*
SIGNATURE: Nancy L. Garner Nancy L. Franca, Assistant Secretary 704-992-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #