2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000000995

1. Entity Name
FAISON-WEST FIFTH, LLC

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

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-2419996	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 _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75
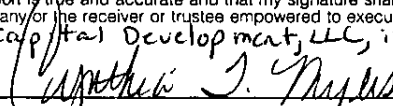
9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FAISON CAPITAL DEVELOPMENT, LLC
STREET ADDRESS	27TH FLOOR, 121 WEST TRADE ST
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/08-80048-024 138.75

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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

Cynthia T. Myers

SIGNATURE: _____   1-10-08   704/992-2508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #