

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90072 025 ***143.75

DOCUMENT # M05000004062
 1. Entity Name
 CURRIN-PATTERSON, LAVELLE PROPERTIES LLC



Principal Place of Business: 319 S SHARON AMITY ROAD, SUITE 300 CHARLOTTE NC 28211
 Mailing Address: 319 S SHARON AMITY ROAD, SUITE 300 CHARLOTTE NC 28211



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
 LAVELLE, LOIS
 1303 LANDEROS LANE
 LADY LAKE FL 32159

7. Name and Address of New Registered Agent
 Name: Janet Derner
 Street Address (P.O. Box Number is Not Acceptable): 384 Eagle Creek
 City: Lake Mary, FL Zip Code: 32746

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: *Janet Derner* DATE: 1-30-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAVELLE, MICHAEL	
STREET ADDRESS	319 S SHARON AMITY ROAD, SUITE 300	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CURRIN, GEORGE S	
STREET ADDRESS	319 S SHARON AMITY RD SUITE 300	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PATTERSON, LARRY H	
STREET ADDRESS	319 S SHARON AMITY RD SUITE 300	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *le R E* DATE: 2/4/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #