

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004074

FILED
Jul 08, 2006
Secretary of State

Entity Name: FOUR BIRDS LLC

Current Principal Place of Business:

6201 RICHFIELD LANE
CHARLOTTE, NC 28269

New Principal Place of Business:

9325 BROWN GELLY DR
HUNTERSVILLE, NC 28078

Current Mailing Address:

6201 RICHFIELD LANE
CHARLOTTE, NC 28269

New Mailing Address:

9325 BROWN GELLY DR
HUNTERSVILLE, NC 28078

FEI Number: 20-2306657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HEINES, HEIDI
Address: 20806 RIO ORO DRIVE
City-St-Zip: CHARLOTTE, NC 28031

Title: MGR () Delete
Name: GREEN, JOHN T III
Address: 6201 RICHFIELD LANE
City-St-Zip: CHARLOTTE, NC 28269

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GREEN, JOHN T III
Address: 9325 BROWN GELLY DR
City-St-Zip: HUNTERSVILLE, NC 28078

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN T GREEN III

MGR

07/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date