

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90070 009 ***138.75

60005320



01072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M05000006811					
1. Entity Name POMPAÑO CITI CENTRE CONDOMINIUMS, LLC					
Principal Place of Business 121 WEST TRADE STREET, 27TH FLOOR CHARLOTTE, NC 28202			Mailing Address 121 WEST TRADE STREET, 27TH FLOOR CHARLOTTE, NC 28202		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3702093 APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAISON-POMPAÑO CITI CENTRE, LLC 121 W. TRADE ST., 27TH FLOOR CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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-Pompano Citi Centre, LLC, its manager By: Faison Capital Development, LLC, its manager Cynthia T. Myers 1-10-08 704/942-2508					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					