

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90225 014 ***138.75

DOCUMENT # M07000001462

1. Entity Name
CAPITALSOUTH PARTNERS, LLC



Principal Place of Business
**1011 E. MOREHEAD STREET, SUITE 150
CHARLOTTE, NC 28204**

Mailing Address
**1011 E. MOREHEAD STREET, SUITE 150
CHARLOTTE, NC 28204**

60020063



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

01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2151363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

Name **David H. Beard**

Street Address (P.O. Box Number is Not Acceptable)

1714 W. Swann Ave., Suite 100

City **Tampa**

FL

Zip Code **33606**

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 **2/1/08**

**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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **ALALA, JOSEPH B**
STREET ADDRESS **1011 E. MOREHEAD STREET, SUITE 150**
CITY-ST-ZIP **CHARLOTTE, NC 28204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **BROYHILL, M. HUNT**
STREET ADDRESS **1011 E. MOREHEAD STREET, SUITE 150**
CITY-ST-ZIP **CHARLOTTE, NC 28204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **MCGLINN, JACK**
STREET ADDRESS **1011 E. MOREHEAD STREET, SUITE 150**
CITY-ST-ZIP **CHARLOTTE, NC 28204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/29/08