M0700001467

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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(Document Number)						
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROBINSON BRADSHAW & HINSON

CHARLOTTE OFFICE

DIRECT DIAL: 704.377.8176
DIRECT FAX: 704.339.3476

LPERES@RBH.COM

March 24, 2008

VIA OVERNIGHT DELIVERY

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: CapitalSouth Corporation

CapitalSouth Partners F-II, LLC

CapitalSouth Partners F-III, LLC

CapitalSouth Partners Fund I, Limited Partnership

CapitalSouth Partners Fund II, Limited Partnership

CapitalSouth Partners Fund III, L.P.

CapitalSouth Partners SBIC F-III, LLC

CapitalSouth Partners SBIC Fund III, L.P.

CapitalSouth Partners, LLC

To Whom It May Concern:

Enclosed please find the following for each of the above entities:

- 1. Original and one (1) copy of the Statement of Change of Registered Office or Registered Agent for each of the foregoing entities; and
- 2. Our client's checks, each in the amount of \$25.

Please forward evidence of filing the Statements to my attention in the self-addressed, stamped envelopes. Should you have any questions, or require additional documentation, please contact me at 704-377-8176. Thank you for your attention to the foregoing.

Regards,

Laura A. Peres, CLA, NCCP

Certified Paralegal

/lap

Enclosures

C-1078030v1 14574.00021

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability company is:	CapitalSouth	Partners SBIC F-III, I	LLC		
2. The mailing address o	f the limited liability con	mpany is : _	1011 E. Morehead S	St., Suite 150		
Charlotte, NC 28204		·				
March 13, 2007			M07000001467			
3. Date of filing/registration in Florida			4. Document num	nber		
5. The name of the registr Florida Department of		tered office	address as shown	on the records of the		
•	National Corporate		Ltd.			
		Name				
515 East Park Avenue						
	Tallahassee, FL 3230	Address				
		State and Zi	ip			
6. The name and address	•		-			
	David H. Reed					
		Vame				
	1414 W. Swann Ave., Florida street address		NOT accentable)			
	Piorida su ect address	(r.O. DOA	(NOT acceptance)			
	Tampa,	FL 3360	6			
	City, St	tate and Zip	· · · · · · · · · · · · · · · · · · ·			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature a member or author)	hange or changes are me f the registered agent with the registered agent with the registered that the mited liability company of the Hanted liability	ade, the Flo Il be identic change(s) v or as otherv company.	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited d by an affirmative vote		
Joseph B. Alala, III, Mana	iger					
(Printed or typed name of signee	•					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as no of all statutes relative ad accept the obligations this document is being for that the limited liability	gent and ago to the prop s of my posi iled to mere y company l	ree to act in this ca er and complete p tion as registered i ly reflect a change has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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2. The mailing address	of the limited lia	bility company is:	1011 E. Morehead	St., Suite 150		
Charlotte, NC 28204		·				
March 13, 2007			M07000001467			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the regis Florida Department o		the registered office	e address as shown	on the records of t	he	
-	National Cor	porate Research	, Ltd.			
	747 W4 D1	Name				
	515 East Parl	Address		•		
	Tallahassee, l					
		City, State and 2	Zip	•		
5. The name and addres	s of the new regis	stered agent and/or	office:			
	David H. Ree	od				
	444444	Name				
		nn Ave., Suite 100	NOT table)			
	rionda sueci	address (P.O. Box	NOT acceptable)			
	Tampa,	FL 336				
		City, State and Zij	p			
If the limited liability of confirmed that after the and the business office liability company, it is hof the members of the lor the operating agreem (Signature of member or auth	change or change of the registered a hereby confirmed imited liability con the Haited	es are made, the Floagent will be identi- that the change(s) company or as other liability company.	orida street address cal. Or, in the case was/were authorize wise provided in th	of the registered of of a Florida limited by an affirmativ	office ed e vote	
		•				
Joseph B. Alaia, III, Mar (Printed or typed name of signs			•			
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir	•	stered agent and as s relative to the pro ligations of my pos s being filed to mer r liability company	ree to act in this co per and complete p ition as registered ely reflect a change has been notified i	ipacity. I further of erformance of my agent as provided e in the registered n writing of this ch	igree to duties, for in office lange.	
(Signature of Registered Agent	1/201			As	200	
(DiRimme of Wellston WRett	7			ריין	===	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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