

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006037

FILED
May 06, 2009
Secretary of State

Entity Name: ST. ISABEL STREET MASTER LEASE, LLC

Current Principal Place of Business:

120 PRESTON EXECUTIVE DRIVE, SUITE 200
CARY, NC 27513

New Principal Place of Business:

120 PRESTON EXECUTIVE DRIVE
SUITE 200
CARY, NC 27513

Current Mailing Address:

120 PRESTON EXECUTIVE DRIVE, SUITE 200
CARY, NC 27513

New Mailing Address:

120 PRESTON EXECUTIVE DRIVE
SUITE 200
CARY, NC 27513

FEI Number: 26-1183459 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:

CARR, KATHRYN
240 SOUTH PINEAPPLE AVENUE
SARASOTA, FL 34236 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: OAKS, MAXWELL M
Address: 120 PRESTON EXECUTIVE DRIVE, SUITE 200
City-St-Zip: CARY, NC 27513

Title: MGR () Delete
Name: ANGUS, KERRY
Address: 120 PRESTON EXECUTIVE DRIVE, SUITE 200
City-St-Zip: CARY, NC 27513

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MAXWELL M OAKS

MGR

05/06/2009

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