			1, 1999 or LATE FEE		l Liability	/ Com	pany will bi	3					
LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of Division of CO							larris State	SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 26 AM 10: 17					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee													
\$ 188 1. Name	and Mailing Ad	dress		_				<u> </u> 					
1. Name and Mailing Address of Limited Liability Company  DOCUMENT # M9700000330								18. Principal Place of Business Address  1315 NORTH GRAHAM STREET CHARLOTTE NC 28206					
THE PARNELL-MARTIN COMPANIES LLC 1315 NORTH GRAHAM STREET CHARLOTTE NC 28206													
2 Principal Place of Business				2a. Mailing Address				3. Date Organized or Qualified		3a. State of Formation			
Suite, Apt. #, etc.			Suite, Apt. #, etc				06/06/1	.997	NC				
City & State			City & State				4. FEI Number 56-2000875			Applied For  Not Applicable			
						5. Date of Last			6. Certific	cate of Status Desired			
Žip		Country	<i>(</i>	Zip Count			04/15/		1998 S6 75 Addition		litional Fee Required		
	7. Name	and Add	iress of Current	Registered				Name and Address of New Registered Agent/Office			nt/Office		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Name							
							City		1		a continue		
9 Pursus	ant to the provis	ions of S	actions 608 416 s	and 608 508	Florida Statut	es the ah	City	Liability company s	FL	Zip Code	224		
its registe:		stered ag	ent, or both, in the				ove-named limited		ubmits this state	Zip Code	a continue		
its registe:	red office or regi red agent, and	stered ag accept th	gent, or both, in the ne obligations.	State of Flo	rida. Such char	nge was au	ove-named limited	itive vote of a majorit	ubmits this state	Zip Code	e purpose of changing		
its registe as registe	red office or regi red agent, and	stered ag accept th	gent, or both, in the ne obligations.	State of Flo	rida. Such char	nge was au	ove-named limited othorized by affirma	itive vote of a majorit	ubmits this state by of the member	Zip Code	ne purpose of changing accept the appointment		
its registe as registe SIGNATU	red office or regi red agent, and	stered ag accept th (Hegs naging M	gent, or both, in the le obligations.	State of Flo	vite fier serve A	nge was au prot segnal in Busine:	ove-named limited othorized by affirmation	itive vote of a majorit	ubmits this state by of the member	Zip Code ment for the s. Thereby a State and	re purpose of changing accept the appointment		
its register as register SIGNATU	red office or regi red agent, and REMar	stered agaccept the (Height against M	gent, or both, in the lie obligations.  In care Agent Access of the embers/Managers  JR.	State of Flo	tida. Such char	nge was au Busines NORTH	ove-named limited othorized by affirmation to present the control of ass Street Address	STREET	ubmits this state y of the member  DATE	Tip Code ment for the shereby a State and	re purpose of changing accept the appointment		
its register as register as register SIGNATU  10. Title  MGR  MGR  MGR	red office or regired agent, and RE	(Hegen	gent, or both, in the le obligations.  The obligations of the leading of the lead	State of Flo	1315 1 1315 1	Busines NORTH	ove-named limited athorized by affirmation of the second s	STREET STREET	DATE CHARLO	Tip Code ment for the sine reby a State and OTTE	re purpose of changing accept the appointment Zip Code		
its register as register SIGNATU  10. Title  MGR  MGR	red office or regired agent, and RE	(Hegen	gent, or both, in the le obligations.  The obligations of the leading of the lead	State of Flo	1315 1 1315 1	Busines NORTH	ove-named limited thorized by affirmation of the second sec	STREET STREET	DATE CHARLO	ment for the state and State and OTTE 1	zip Code  NC  NC		

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: M. J. Jordan Treasurer 2/17/99 (704)375-8651

S	IG	N	Δ	П	JF	₹F	•

INHSE10 R (12-98)