

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90206 029 \*\*\*\*\*50.00

**DOCUMENT # M97000000330**

1. Entity Name

**THE PARNELL-MARTIN COMPANIES LLC**



Principal Place of Business

**1315 NORTH GRAHAM STREET  
CHARLOTTE NC 28206**

Mailing Address

**1315 NORTH GRAHAM STREET  
CHARLOTTE NC 28206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2000875**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME CASH, F A JR.  
STREET ADDRESS 1315 NORTH GRAHAM STREET  
CITY-ST-ZIP CHARLOTTE NC 28206

TITLE MGR ☐ Delete  
NAME GEORGE, J L  
STREET ADDRESS 1315 NORTH GRAHAM STREET  
CITY-ST-ZIP CHARLOTTE NC 28206

TITLE MGR ☐ Delete  
NAME CASH, B M  
STREET ADDRESS 1315 NORTH GRAHAM STREET  
CITY-ST-ZIP CHARLOTTE NC 28206

TITLE MGR ☐ Delete  
NAME WELTON, L M  
STREET ADDRESS 1315 NORTH GRAHAM STREET  
CITY-ST-ZIP CHARLOTTE NC 28206

TITLE MGR ☐ Delete  
NAME WELTON, C R  
STREET ADDRESS 1315 NORTH GRAHAM STREET  
CITY-ST-ZIP CHARLOTTE NC 28206

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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 exemption stated in Section 119.07(3)(i), 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 #

*W. J. Treawer*

*1/26/04*

*704-375-8651*