2 nd at FINAL NO	nd File on Paging Sep OTICE dissolved. If assolve	ot. 10, 1198 o Limited	Mability due to re	Company with a rist rule special re-	DOC	7	3
LIMITED LIABILITY COMPANY Alinstatement FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State					SECRETARY OF STATE DIVISION OF CORPORATIONS		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					98 DEC 21 AM 9: 04		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000873 FAC MORTGAGE, L.L.C. 11000 Regency Parkway, Suite 300 Cary, NC 27511					1a. Principal Place of Business Address 11000 Regency Parkway Suite 300 Cary, NC 27511		
2. Principal Place of Business Same as above Suite, Apt. #, etc. City & State		2a. Mailing Address Same as above Suite, Apt. #, etc. City & State			 3. Date Organized or Qualified 12–22–97 4. FEI Number 56–2068944 	Delaware Applied For Not Applicable	
Zip	Country	Zip	Count	try	5. Date of Last Report		cate of Status Desired
its registered office or registered agent, or both, in the State of Florida. Such change was as registered agent, and accept the obligations.			ange was a	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Lip Code above-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment of the D. Rozal, Asst. Sec.			
SIGNATURE Corporation Sei					' ' DATE /C	121/98	\$
	Managing Members/Manage	. 11000	Reger	EINST	ATEVILOT	2720 23/98- *637.50	27511 27511 27511 27511 27511 27511 27511 27511 27511 27511
11. Ido 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 resolute by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

(919) 462-8787

Daytime Phone #

C. Cammack Morton



ACCOUNT NO. : 072100000032

REFERENCE : 073158 5048803

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: December 21, 1998

ORDER TIME: 11:23 AM

ORDER NO. : 073158-005

CUSTOMER NO:

5048803

CUSTOMER: Ms. Stella Cole

Konover Property Trust, Inc.

1100 Regency Parkway

Third Floor Cary, NC 27511

DOMESTIC FILINGS

ECFIVE

NAME:

FAC MORTGAGE, L.L.C.

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XXREINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS