

2001 UNIFORM BUSINESS REPORT (UBR)

0027467 AF

DOCUMENT # M98000000281

1. Entity Name

CURRIN-PATTERSON PROPERTIES LLC

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2915 PROVIDENCE ROAD, SUITE 100~~
CHARLOTTE NC 28211

~~2915 PROVIDENCE ROAD, SUITE 100~~
CHARLOTTE NC 28211

723 S Sharon Amity Road, Suite 110 (Same as Principal)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1877744

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MULLINS, ROB
4205 METZGER ROAD
FT PIERCE FL 34947

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MBR PATTERSON, LARRY H ☐ Delete
STREET ADDRESS 2915 PROVIDENCE ROAD, SUITE 100
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE NAME Patterson, Larry H. ☒ Change ☐ Addition
STREET ADDRESS 723 S Sharon Amity Road, Suite 110
CITY-ST-ZIP Charlotte, N. C. 28211

TITLE NAME MBR CURRIN, GEORGE S ☐ Delete
STREET ADDRESS 2915 PROVIDENCE ROAD, SUITE 100
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE NAME Currin, George S. ☒ Change ☐ Addition
STREET ADDRESS 723 S Sharon Amity Road, Suite 110
CITY-ST-ZIP Charlotte, N. C. 28211

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SA Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-4-2001 704-365-1256

CR2E083 (11/00)