File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 19 PM 3: 11 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SLOKE DAKT OF STATE TALLAHASSEE, FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001246** 1a. Principal Place of Business Address DELPHIN PROPERTIES, LLC 10800 SIKES PLACE, SUITE 300 10800 SIKES PLACE, SUITE 300 CHARLOTTE NC 27277 CHARLOTTE NC 27277 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/26/1998 NC Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 56-2078256 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 282 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GREENHUT, STEVEN B ESQ.
MCGUIRE, WOODS, BATTLE & BOOTHE, LLP Street Address (P.O. Box Number is Not Acceptable) 3300 BARNETT CENTER - 50 NORTH LAURA JACKSONVILLE FL 32202 Suite, Apt #, etc City Žip Code 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment registered agent, and accept the obligations DATE SIGNATURE (Registered Agent Accepting Appointment). (NOTE Registered Agent's greature regions) when reinstalling Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code MGRM FERRO, JAMES P 10800 SIKES PLACE, SUITE-3 CHARLOTTE NC Suite 300 54.25.99 ****197.50 ****197.50 11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes | If unther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee propowers to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an ettachment with an address. SIGNATURE:

NEO DE PRINTETANAME, OF SIGNIFIG MANA VINCEMENTA DE MATACERTA

INHSE10 R (12-98)