## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)							APPROVED			
DOCUMENT # M9800001246  1. Entity Name DELPHIN PROPERTIES, LLC							FILED			
DELPHIN	PROPER	TIES, LLC					00 APR 21 AM 9			
Principal Place of Business 10800 SIKES PLACE. SUITE 300 CHARLOTTE NC 28277			Mailing Address 10800 SIKES PLACE, SUITE 300 CHARLOTTE NC 28277-8119				SECRETARY OF ST. TALLAHASSEE, FLO		61828 6511 1881	
2. Principal Place of Business			3. Mailing Address			-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEI Number 56-2078256 Applied For Not Applicat			
Zip	Zip Country		Zip	Coun	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent	· -	Name	7. Nam	e and Address of New Registere	d Agent		
GREENHUT, STEVEN B ESQ.						o (P.O. Pov N	lumber is Not Acceptable)			4
MCGUIRE			Sileet Addres	s (F.O. BOX N				_		
3300 BARNETT CENTER - 50 NORTH LAURA ST.			A ST.					<del></del>	<u></u>	_
JACKSONVILLE FL 32202-3635					City FL Zip Coc			e 	_	
8. The above	named entit	y submits this statement fo	r the purpose of changing its	s registere	ed office or regis	tered agent,	or both, in the State of Florida.			
SIGNATURE .	<u> </u>		ANOTHER STREET	F. D	- A 1	lead whom so mater	ng) DATE			
	Signature, typed	or printed name of registered agent			d Agent signature requ		ng)	<u> </u>		1
			FILE N Make Check Pa		FEE IS \$50.0 o Department					
9. MANAGING MEM			BERS/MEMBERS 10.				ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS C1TY- ST-ZIP		AMES P (ES PLACE, SUITE 300 TE NC 28277	. Delista					☐ Change	Addition	/6) £80
TITLE	01241201	12 113 20217	☐ Delete	TITL	E .			☐ Change	Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- ST-ZIP	-	2000003235 -05/03 <u>/0</u> 0-1	<b>382</b> - 31137-0	B 21	
TITLE NAME STREET ADDRESS			☐ Delute	TITL Man Stri			*************************************	* Change	addition .	
CITY-8T-ZIP				_	- ST- ZIP			·.	C) delition	-
TITLE MAME ** STREET ADDRESS GITY- ST- ZIP			☐ Delote					Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete				?	Change	Addition	7
TITLE			☐ Delete	m			<u> </u>	☐ Change	Addition	1
MAME STREET ADDRESS CITY-ST-ZIP		-	***	* *	IE Eet address* - St- Zip				, *	
	certify that th	e information supplied with rt is true and accurate and	this filling does not qualify to	the exe	mption ŝtated in e legal effect as i	Section 119.	07(3)(i), Florida Statutes. I further or oath; that I am a managing men	certify that the i	nformation er of the	7

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