File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPAREMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris . ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 APR -7 PM 2: 22 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001536** 1a. Principal Place of Business Address HARRIS TEETER PROPERTIES, LLC 701 CRESTDALE DRIVE 701 CRESTDALE DRIVE MATTHEWS NC 28105 MATTHEWS NC 28105 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 12/18/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For #56-2094083 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. Zip 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 as registered agent, and accept the obligations SIGNATURE 10. Title Managing Members/Managers **Business Street Address** MGR AMBRO, J. GREGORY 701 CRESTDALE DR. MATTHEWS NC MGR MORGANTHAL, FRED J 701 CRESTDALE DR. MATTHEWS NC MGR NIVENS, LAWRENCE D 701 CRESTDALE DR. MATTHEWS NC MGR STOUT, KAREN L 701 CRESTDALE DR. MATTHEWS NC 7110002836367----04/12/99--01108--006 \*\*\*\*188.79 \*\*188,75 11. I do 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 report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING MANAZING MEMBER OF MANAZING