


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001265 1. Entity Name NPB LIMITED, L.L.C.	
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Principal Place of Business 121 W TRADE STREET SUITE 2550 CHARLOTTE, NC 28202-5399	Mailing Address 121 W TRADE STREET SUITE 2550 CHARLOTTE, NC 28202-5399
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04262004 No Chg-LLC

GR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-6401653	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAISON & ASSOCIATES 121 W TRADE STREET SUITE 2550 CHARLOTTE, NC 282025399
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**DO NOT WRITE
IN THIS SPACE**

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.

By: Faison & Associates, LLC, its Manager

SIGNATURE: *Billie R. Whitaker*

Billie R. Whitaker Vice President

4/26/2004

704-972-2500

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

Date

Daytime Phone #