

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002149

**FILED**  
**Apr 16, 2016**  
**Secretary of State**  
**CC1255672792**

**Entity Name:** GRANDBRIDGE REAL ESTATE CAPITAL LLC

**Current Principal Place of Business:**

200 SOUTH COLLEGE STREET, SUITE 2100  
CHARLOTTE, NC 28202

**Current Mailing Address:**

C/O KATRINA D. RAMEY  
200 WEST SECOND STREET, 3RD FLOOR  
WINSTON-SALEM, NC 27101 US

**FEI Number:** 56-2224037

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	DAUGHERTY, ERIC	Name	DENNARD, THOMAS S.
Address	200 SOUTH COLLEGE STREET, SUITE 2100	Address	200 SOUTH COLLEGE STREET, SUITE 2100
City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202
Title	MANAGER	Title	MANAGER
Name	GUZIKOWSKI, FRANK J.	Name	HERRON, MARK F.
Address	200 SOUTH COLLEGE STREET, SUITE 2100	Address	200 SOUTH COLLEGE STREET, SUITE 2100
City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202
Title	MANAGER	Title	MANAGER
Name	HUGHES, JODIE E.	Name	MAGOFFIN, SHELLEY M.
Address	200 SOUTH COLLEGE STREET, SUITE 2100	Address	200 SOUTH COLLEGE STREET, SUITE 2100
City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202
Title	MANAGER	Title	MANAGER
Name	MOORE, CECIL L. JR.	Name	ORTLIP, MICHAEL J.
Address	200 SOUTH COLLEGE STREET, SUITE 2100	Address	200 SOUTH COLLEGE STREET, SUITE 2100
City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRANCH BANKING AND TRUST COMPANY

**MEMBER**

**04/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MANAGER  
Name ROCCO, MATTHEW G.  
Address 200 SOUTH COLLEGE STREET, SUITE 2100  
City-State-Zip: CHARLOTTE NC 28202

Title MANAGER  
Name TURNER, THOMAS J. III  
Address 200 SOUTH COLLEGE STREET, SUITE 2100  
City-State-Zip: CHARLOTTE NC 28202

Title MANAGER  
Name SHAFFER, JOSEPH A.  
Address 200 SOUTH COLLEGE STREET, SUITE 2100  
City-State-Zip: CHARLOTTE NC 28202

Title MEMBER  
Name BRANCH BANKING AND TRUST COMPANY  
Address 200 WEST SECOND STREET  
City-State-Zip: WINSTON-SALEM NC 27101-4019