

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Filing Period: September 1 - November 1 • Filing Fee: \$50.00					
(FORM MUST BE TYPED OR P	RINTED IN BLACK)				
1. ID No. 2. Exact name of the limited liabilty company 139678 1. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island					
3. State of Formation	4. Brief description of t	he character of the business	which is actually conducted in	ı Rhode İsland	
Rhode Island	Manage	Property			
5. Principal office address	4	· / /	City	State WC	Zip Z820Z
301 East 7'	h Street, S	Duite 100	Charlo He	// _	20202
	RESERVED 119 4/00.0		Contact Title		
Robert Pedlow			Manager		
Comment Address			*Citv	State	Zip
301 Fast 7"	h Street Su	ite 200	: Charlotk	NC	28202
Manager Name			• Manager Name		
Robert Redlow			• munuger rume		
Street Address	·ω		• Street Address		
Street Address 301 East City Charlo He	7th Sheet	Ste 700			
City	State	Zip	*City	State	Zip
Charlo He	NC	28202	•		
Manager Name			Manager Name		
			•	·	
Street Address			• Street Address		
City	State	Zip	City	State	Zip
J C,		~7	•		
Agent Name	PARTICIS ESCANDINA DE SET ALMERSES CO		Address		
CT COLORO	ation Sust	em			
Address			City Zip		
CT Corporation System Address fg 10 Weybosset Street		Providence	e	02903	
10 Weg Do	75(4 211-	CP 7	1.000.01		
This report must be signed in ink by an authorized person pursuant to 7-16-66.					
inis report must be signe	ainink by an auth	orizea person pursua	ini io /-10-00.		

Sile Date FILED

Check Wo NOV 16 2007

By EV 2045

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

rint or Type Name of Authorized Person