North Carolina Department of The Secretary of State
Elaine F. Marshall, Secretary

CHECK LIST FOR LIMITED LIABILITY COMPANY ANNUAL REPORT

This checklist is enclosed to assist you in preparing the annual report for your Limited Liability Company. Please take a few minutes and read the information provided. The Limited Liability Company Annual Report due date is based on the limited liability company’s fiscal year end. The annual report form is due by the 15th day of the 4th month following the limited liability company’s fiscal year end. The Annual Report fee is $200.00

1. Each Limited Liability Company filing an annual report with the North Carolina Department of Secretary of State must provide the following information.

   A. NAME OF LIMITED LIABILITY COMPANY
   B. STATE OF ORGANIZATION
   C. SECRETARY OF STATE L.L.C. ID NUMBER
   D. FEDERAL EMPLOYER ID NUMBER
   E. PRINCIPAL OFFICE TELEPHONE NUMBER

   IF THE INFORMATION REQUIRED TO BE ENTERED IN ITEM 1 THROUGH ITEM 7 HAS NOT CHANGED SINCE THE MOST RECENTLY FILED ANNUAL REPORT, CHECK THE BOX NEAR THE BOTTOM OF THE FORM.

2. When changing the registered agent’s or the registered office’s mailing address information, indicate the change in Item 1. The name of the registered agent must be typed or printed. The registered office’s mailing address may be a Post Office Box. The registered agent’s mailing address must be a North Carolina address.

3. If the street address of the registered office has changed, indicate the change in Item 2. The address of the registered office must be a STREET ADDRESS and not a POST OFFICE BOX ADDRESS. The street address of the registered office must be a North Carolina address.

4. If the registered agent has changed, the new registered agent MUST SIGN CONSENT to the appointment in the space provided. If the registered agent’s name has changed due to marriage, or by any other legal means, the limited liability company must indicate such change in the space provided and have the agent sign consent to the appointment under their new name. The registered agent must reside in North Carolina.

5. The principal office address should reveal the limited liability company’s physical location.

6. Enter the principal office telephone number in Item 5.

7. If the limited liability company has designated a manager(s), enter the manager(s) name(s) and address(es) in Item 6. If no managers have been designated, provide the names and addresses of each member. Use a plain 8 1/2 X 11 sheet of paper if more space is needed.

8. Provide a brief description of the nature of the LLC’s business in Item 7. EACH LIMITED LIABILITY COMPANY MUST PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF ITS BUSINESS BEFORE THE ANNUAL REPORT CAN BE FILED.

9. Check the annual report carefully to ensure all information required for filing has been provided. Only a manager or member listed on the report may sign. Complete the signature, date, typed or printed name and title in the space provided on the form to certify that the information is accurate and current.

Mail the annual report to the Post Office box address listed below. For more information or assistance, please contact the Corporations Division at the telephone numbers, or Web address listed below.

Secretary of State
Corporations Division
Post Office Box 29525
Raleigh, NC 27626-0525

Visit us on the Internet at Web Site:
http://www.state.nc.us/secstate/
Corporations blank forms are available on
Phone (919) 807-2225
Toll Free 1-888-246-7636
LIMITED LIABILITY COMPANY (LLC)
ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY:

STATE OF ORGANIZATION: _______

SECRETARY OF STATE L.L.C. ID NUMBER: ________________ FISCAL YEAR ENDING: ________________________ MONTH/DAY/YEAR

FEDERAL EMPLOYER ID NUMBER: _____-________________________

IF THIS IS THE INITIAL ANNUAL REPORT FILING, YOU MUST COMPLETE THE ENTIRE FORM. IF YOUR LLC’S INFORMATION HAS NOT CHANGED SINCE THE PREVIOUS REPORT, PLEASE CHECK THE BOX AND COMPLETE LINE 8 ONLY.

1. REGISTERED AGENT & REGISTERED OFFICE MAILING ADDRESS:

2. STREET ADDRESS AND COUNTY OF REGISTERED OFFICE:

3. IF THE REGISTERED AGENT CHANGED, SIGNATURE OF THE NEW AGENT:

   SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

4. ENTER PRINCIPAL OFFICE ADDRESS HERE: ADDRESS-
   CITY- ST- ZIP-

5. ENTER PRINCIPAL OFFICE TELEPHONE NUMBER HERE: ______________________
   PLEASE INCLUDE AREA CODE

6. ENTER NAME, TITLE, AND BUSINESS ADDRESS OF MANAGER(S) HERE:
   NAME- ADDRESS-
   TITLE-
   CITY- ST- ZIP-

   NAME- ADDRESS-
   TITLE-
   CITY- ST- ZIP-

   NAME- ADDRESS-
   TITLE-
   CITY- ST- ZIP-

7. BRIEFLY DESCRIBE THE NATURE OF BUSINESS:

8. CERTIFICATION OF ANNUAL REPORT MUST BE COMPLETED BY ALL LIMITED LIABILITY COMPANIES

_________________________________________________________   _____________________________________
FORM MUST BE SIGNED BY A MANAGER OF THE L.L.C.                     DATE