## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT #F97000003065 1. Entity Name

FILED	
Aug 14, 2006 8:00 am	1
Secretary of State	

08-14-2006 90039 011 \*\*\*150.00

SEEFRIE	ED INDUST	RIAL PROPERT	IES, INC.								
Principal Place of Business 4200 NORTHSIDE PARKWAY BLDG 1 STE 300 ATLANTA, GA 30327			Mailing Address 4200 NORTHSIDE PKWY BLDG 1 STE 300 ATLANTA, GA 30327			14 <b>0</b> 0002		<b>1</b>	IKII OTIIO BIIST OI	11  <b>58</b>   21   <b>68</b>	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08092006	Chg-P	CR2E	34 (11/05)		
City & State			City & State			4. FEI Numb			_ <del></del>	oplied For	
Zip		Country	Zip	- Cour	ntry		5. Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name ar	nd Address of Current	Registered Agent		1.		7. Name and	Address of New	Registered	Agent	
					Name				_		
INTRASTATE REGISTERED AGENT CO 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131			RPORATION		Street A	ddress (F	P.O. Box Numb	er is Not Acceptab	ole)		
• 1				City				FL	Zip Cod	ө	
8. The above	named entity s	ubmits this statement fo	r the purpose of changir	ng its register	ed office or	register	ed agent, or bo	oth, in the State of F		familiar with,	and accept
		- Jagerini									
SIGNATURE.	Signature, typed or p	printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signati	ure required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign F Due by September 6, 2006 Trust Fund Contribut							00 May Be	In accordance corporation did	with s. 607	'.193(2)(b),	F.S., the
		· · · · · · · · · · · · · · · · · · ·	DIDECTORS					L			
10.	OFFICERS AND DIRECTORS  P			11.		Ι	ADDITIONS	CHANGES TO OF	FICERS AND		
NAME				NAM						☐ Change	Addition
STREET ADDRESS 4200 NORTHSIDE PKWY, BLDG 1 STE 300			STRE	EET ADDRESS							
CITY-ST-ZIP	CITY-ST-ZIP ATLANTA, GA 30327				-ST-ZIP						
TITLE	EVP Delete III									Change	■ Addition
NAME STREET ADDRESS	RAKUSIN, ROBERT S SS   4200 NORTHSIDE PKWY, BLDG 1 STE 300 S				ie Eet adoress						
CITY-ST-ZIP					-ST-ZIP						
TITLE	S		☐ Delete	TITL		5				Change	Addition
NAME				NAM	LE (	Gal	loway.	Tom			_
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP	(Sa	me a	Tom Udress)			
TITLE	SVP	3A 30321	☐ Delete	TITLE						C) Channe	
NAME	CONDON, J	AMES	L Delete	NAM						Change	Addition
STREET ADDRESS 4200 NORTHSIDE PKWY, BLDG 1 STE 300			STRE	ET ADDRESS							
CITY-ST-ZIP	ATLANTA, C	SA 30327		CITY	-ST-ZIP						
TITLE	SVP	550	Delete	TITLE						Change	☐ Addition
				NAM							
				ET ADDRESS -St-Zip							
TITLE		· · ·	□ Delete	TITLE						Change	☐ Addition
NAME				NAM						•	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	nortify that the :-	dormation available of	this files done of		-ST-ZIP		the Observer				<del>,</del>
	Joinny mattine in	nformation supplied with	uns ming goes not aua	INVIOLING BX	BITIDUONS C	untained	in Chapter 11:	a. Florida Statutes	Trimer der	ary that the ir	normation

Independent of the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on the supplied with the further certify that the information indicated on the filling does not provide a supplied with the further certify that the information indicated on the filling does not provide a supplied with the further certify that the information indicated on the filling does not provide a supplied with the further certify that the information indicated on the filling does not provide a supplied with the filling does not provide a s

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR