

2000 UNIFORM BUSINESS REPORT (UBR)

0016965 AF

DOCUMENT # L98000000711
 1. Entity Name
WRIGHT HOLDER WATTS, L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR -6 AM 11:56

Principal Place of Business Mailing Address
 1230 FAIRVIEW LANE 540 POWDER SPRINGS ST., STE 27-E
 RIVIERA BEACH FL 33404 MARIETTA GA 30064-3562



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0844005** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DIAMOND, LAWRENCE J
ACKERMAN, LINK & SARTORY PA
222 LAKEVIEW AVE., STE 1250
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RJV CORP.	
STREET ADDRESS	2300 PEACHTREE ROAD, SUITE 1127	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HOLDER, DOUGLAS A JR.	
STREET ADDRESS	8560 EGRET LAKES LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watts, Larry V.	
STREET ADDRESS	540 Powder Springs St. Suite 27-E	
CITY-ST-ZIP	Marietta, GA 30064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CR12E083 (9/99)

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.

SIGNATURE: *Larry V. Watts* **Larry V. Watts** 3-2-2000 770-422-1308
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #