

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000000711**

1. Entity Name  
**WRIGHT HOLDER WATTS, L.C.**

**FILED**

**01 JAN 24 AM 9:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**1230 FAIRVIEW LANE  
RIVIERA BEACH FL 33404**

Mailing Address  
**540 POWDER SPRINGS ST., STE 27-E  
MARIETTA GA 30064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0844005**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAMOND, LAWRENCE J  
ACKERMAN, LINK & SARTORY PA  
222 LAKEVIEW AVE., STE 1250  
WEST PALM BEACH FL 33401**

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 \_\_\_\_\_

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM RJV CORP.	2300 PEACHTREE ROAD, SUITE 1127	ATLANTA GA 30338	<input type="checkbox"/>					
MGRM HOLDER, DOUGLAS A JR.	8560 EGRET LAKES LANE	WEST PALM BEACH FL 33412	<input type="checkbox"/>					
MGRM WATTS, LARRY V	540 POWDER SPRINGS ST., STE. 27-E	MARIETTA GA 30064	<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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: *[Signature]* **Managing Member** 1/15/01 770-422-1308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)