2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Mar 03, 2004 8:00 am Secretary of State

DOCUMENT # L9900006956 1. Entity Name CHANCELLORY BUSINESS PARK, LLC					03-03-2004 90150 050 ****50.00					
Principal Plac		Mailing Address								
1801 HERMITAGE BOULEVARD, SUITE 600 Tallahassee, Fl 32308		1801 HERMITAGE BOULEVARD, SUITE 600 TALLAHASSEE, FL 32308								
		La Cara di Cara								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02132004	Chg-LLC	CR2E0	33 (10/03)		
City & State		City & State			4. FEI Numbe				oplied For	
Zip	Country Zip Country			5. Certificate of Status Desired Specification Status Desired Fee Required						
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New R		<u>_</u>		
			Name							
TODD, DAVID E 1801 HERMITAGE BOULEVARD, SUITE 100 TALLAHASSEE, FL 32308			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			<u></u>							
			City				⁻ FL	Zip Cod	le i	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered	l agent, or both	n, in the State of Flo	rida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: F	Registered Agent signatu	ire required wh	nen reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2004							UAIL			
Fi D	ling Fee is \$50.00 ue by May 1, 2004						e check p		e	
Fi De	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBEF	RS/MANAGERS/	10.				e check pa Departme		e	
9. TITLE	MANAGING MEMBER	RS/MANAGERS/	10.	P		Florida ADDITIONS	e check pa Departme		e Addition	
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9. TITLE	MANAGING MEMBER		10.	P WARRI 3424	OR DEX	ADDITIONS, TER B. REE RD., N	e check pa a Department	Change		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER P DECOSTA, LALER C 3424 PEACHTREE RD NE 800 ATLANTA, GA 30326 S		10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WARRI 3424 ATLAN	OR DEX PEACHTR VTA, GA	ADDITIONS, TER B. REE RD., N. 30326	e check pa a Department	Change		
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Increty certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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.