

FILED
Apr 22, 2002 8:00 am
Secretary of State

03-25-2002 90165 016 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000306
 1. Entity Name
TTAN CONSTRUCTION COMPANY, L.L.C.

Principal Place of Business 18880 FORD AVE. STE 103 RICHMOND HILL GA 31324 785 KING GEORGE BOULEVARD BUILDING 1, SUITE D SAVANNAH GA 31419	Mailing Address 18880 FORD AVE. STE 103- RICHMOND HILL GA 31324 SAME
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 785 KING GEORGE BLVD BLDG. 1, STE. D	3. Mailing Address Suite, Apt. #, etc. BLDG. 1, STE. D
City & State SAVANNAH GA 31419	City & State
Zip 31419	Country

4. FEI Number 58-2583734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GRANT R. BEESON 785 KING GEORGE BLVD, BLDG. 1, STE D SAVANNAH GEORGIA 31419	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JANET N. ADAMS 785 KING GEORGE BLVD, BLDG 1, STE D SAVANNAH GEORGIA 31419	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ANTHONY D. ADAMS JR. 785 KING GEORGE BLVD, BLDG. 1, STE D SAVANNAH GEORGIA 31419	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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: *Susan Stapleton* **SUSAN STAPLETON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 OFFICE ADMINISTRATOR 3/14/02 912-961-6393
 Daytime Phone #