


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # M02000000259<br>1. Entity Name<br>SEVEN BRIDGES INVESTMENTS, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>C/O CORO REALTY ADVISORS<br>400<br>ATLANTA, GA 30305 | Mailing Address<br>C/O CORO REALTY ADVISORS<br>400<br>ATLANTA, GA 30305 |
|---|---|



04152004 No Chg-LLC CR2E083 (10/03)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>58-2665246                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
 ATTN: AARON GOROVITZ  
 215 NORTH EOLA DR.  
 ORLANDO, FL 32802-2809

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

000000125697  
 04/23/04-80005-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CORO, INC.<br>3312 PIEDMONT RD., STE 400<br>ATLANTA, GA 30305 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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]* Date: 4/19/04 Daytime Phone #: 904 746-4001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE