

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001943

Entity Name: CL REALTY, L.L.C.

**FILED**  
**Apr 15, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2500 WINDY RIDGE PARKWAY, SUITE 1600  
ATLANTA, GA 303395683

**New Principal Place of Business:**

191 PEACHTREE STREET NE  
SUITE 3600  
ATLANTA, GA 30303

**Current Mailing Address:**

2500 WINDY RIDGE PARKWAY, SUITE 1600  
ATLANTA, GA 303395683

**New Mailing Address:**

191 PEACHTREE STREET NE  
SUITE 3600  
ATLANTA, GA 30303

FEI Number: 82-0568549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUMBERMEN'S INVESTME, NT CORPORATION  
Address: 1300 S. MOPAC  
City-St-Zip: AUSTIN, TX 78746

Title: MGRM ( ) Delete  
Name: COUSINS REAL ESTATE, CORP.  
Address: 2500 WINDY RIDGE PARKWAY, SUITE 1600  
City-St-Zip: ATLANTA, GA 303395683

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: COUSINS REAL ESTATE, CORP.  
Address: 191 PEACHTREE STREET NE, SUITE 3600  
City-St-Zip: ATLANTA, GA 30303

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KRISTIN R. MYERS, COUSINS

VP

04/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date