2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000435

1. Entity Name
J.P. TURNER & COMPANY, L.L.C.

Principal Place of Business	Mailing Address
3340 PEACHTREE ROAD. SUITE 450 ATLANTA GA 30326	3340 PEACHTREE ROAD. SUITE 450 ATLANTA GA 30326-1076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3340 PEACHTREE ROAD		3340 PEACHTREE ROAD	
Suite, Apt. #, etc. SUITE 2300		Suite, Apt. #, etc. SUITE 2300	
City & State ATLANTA GEORGIA		City & State ATLANTA GEORGIA	
Zip 30326	Country FULTON	Zip 30326	Country FULTON

4. FEI Number 58-2304414 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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-04/18/00--01108--027
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MELLO, WILLIAM		NAME	
STREET ADDRESS	3340 PEACHTREE ROAD, SUITE 450		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~MCAFEE, TIM~~		NAME	
STREET ADDRESS	3340 PEACHTREE ROAD, SUITE 450		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] WILLIAM L. MELLO 3/29/00 (404) 479-8102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)