

2000 UNIFORM BUSINESS REPORT (UBR)

00111771 AF

DOCUMENT # M99000001900

1. Entity Name
JOHNSON SOUTHEAST, L.L.C.

Principal Place of Business: 2900 COLE COURT, NORCROSS GA 30071
Mailing Address: 2900 COLE COURT, NORCROSS GA 30071-2178

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: **Box 30129**

Suite, Apt. #, etc.
City & State: **NEW ORLEANS LA**

City & State: **NEW ORLEANS LA**

Zip: **70190**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 3:14



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0938483** Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. 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, State: **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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

BLT

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE: PRESIDENT MANAGING MEMBER <input type="checkbox"/> Delete NAME: JOSEPH V D'AMICO III STREET ADDRESS: 1735 TCHOUPITOUILLAS ST CITY-ST-ZIP: NEW ORLEANS LA 70130		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 000003148500-6 STREET ADDRESS: -02/25/00--01104--004 CITY-ST-ZIP: *****50.00 *****50.00	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ 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: *Joseph V D'Amico III* **SIGNATURE REQUIRED** Date: _____ Daytime Phone #: **501-523-3627**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)