2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90150 050 ****50.00

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1. Entity Name
CHANCELLORY BUSINESS PARK, LLC

Principal Place of Business	Mailing Address
1801 HERMITAGE BOULEVARD, SUITE 600 TALLAHASSEE, FL 32308	1801 HERMITAGE BOULEVARD, SUITE 600 TALLAHASSEE, FL 32308

02132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3606993 ☐ 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
TODD, DAVID E 1801 HERMITAGE BOULEVARD, SUITE 100 TALLAHASSEE, FL 32308	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. 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	P	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	DECOSTA, LALER C		NAME	WARRIOR, DEXTER B.	
STREET ADDRESS	3424 PEACHTREE RD NE 800		STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326		CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	S	☒ Delete	TITLE	VT	☐ Change ☒ Addition
NAME	MCKEAN, THOMAS A		NAME	LATHEM, LORI Q.	
STREET ADDRESS	3424 PEACHTREE RD NE 800		STREET ADDRESS	3424 PEACHTREE RD.,NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326		CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	VT	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	TIVERS, LISA K		NAME	NEWMARK, DEBBIE J.	
STREET ADDRESS	3424 PEACHTREE RD NE 800		STREET ADDRESS	3424 PEACHTREE RD.,NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326		CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	V	☒ Delete	TITLE	VAT	☐ Change ☒ Addition
NAME	WARRIOR, DEXTER B		NAME	GRAY, LYNNE M.	
STREET ADDRESS	3424 PEACHTREE RD NE 800		STREET ADDRESS	1801 HERMITAGE BLVD.	
CITY-ST-ZIP	ATLANTA, GA 30326		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		☐ Delete	TITLE	VAS	☐ Change ☒ Addition
NAME			NAME	SMITH, JEFFREY L.	
STREET ADDRESS			STREET ADDRESS	1801 HERMITAGE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	TALLAHASSEE, FL 32308	
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: Debbie J. Newmark Debbie J. Newmark 02/17/04 404-846-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #