


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000004664	
1. Entity Name ROBERTS REALTY INVESTORS, INC.	
	
Principal Place of Business 450 NORTHRIDGE PARKWAY SUITE 302 ATLANTA, GA 30350 US	Mailing Address 450 NORTHRIDGE PARKWAY SUITE 302 ATLANTA, GA 30350 US



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2122873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROBERTS, CHARLES S 450 NORTHRIDGE PARKWAY ATLANTA, GA 30350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ELLIOTT, CHARLES R 450 NORTHRIDGE PARKWAY ATLANTA, GA 30350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPALDING, BEN 450 NORTHRIDGE PARKWAY ATLANTA, GA 30350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, DENNIS H 450 NORTHRIDGE PARKWAY ATLANTA, GA 30350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JARELL WM 450 NORTHRIDGE PARKWAY ATLANTA, GA 30350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODRICH, JAMES M 450 NORTHRIDGE PARKWAY ATLANTA, GA 30350

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03/21/08-80049-002 150.00

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R Elliott **CHARLES R ELLIOTT** 3/3/08 770-394-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #