## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F05000004842

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_

SIGNATURE AND TYPE

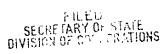
CORPORATE CENTER ONE OWNER CORP.



Principal Place of Business

171 17TH STREET, SUITE 1200 ATLANTA, GA 30363 Mailing Address

171 17TH STREET, SUITE 1200 ATLANTA, GA 30363



06 SEP 18 AM 10: 15



DO NOT WRITE IN THIS SPACE

07182006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-3293654

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	surpose of changing its registered of	fice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agen	it eignature	required when reinstating)	DATE
	.E NOW!!! FEE IS \$550.00 ue by September 6, 2006	<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>	0	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS STREET ADDRESS	DPT LIMBURG, ANDREAS 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363 DVP ROLIN, PIERRE 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363 VPS CARTER, JOHN 171 17TH STREET, SUITE 1200		100080031041 09/21/0601036010 **550.00		
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ATLANTA, GA 30363  VPS OPAR, JOHN 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363  D HACKETT, KEVIN 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363				NOT WRITE THIS SPACE
NAME					

12. 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 accurate 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 a chapter 607 in the product of the corporation of the receiver or trustee empowered.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR