

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000004852

1. Entity Name
CORPORATE CENTER THREE TENANT CORP.



Principal Place of Business
171 17TH STREET, SUITE 1200
ATLANTA, GA 30363

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

FILED

06 SEP 18 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3293969	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

200080003072
09/20/06-01053--017 **\$550.00

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME LIMBURG, ANDREAS
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE SVD
NAME ROLIN, PIERRE
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE VS
NAME CARTER, JOHN
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE VAS
NAME OPAR, JOHN
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE D
NAME HACKETT, KEVIN
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

John Carter

09/15/06

813-287-0101

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JC 9/19