

# 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)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3293969

Applied For

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

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**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Carter

09/15/06

Date

813.287.0101

Daytime Phone #

XC 9/19