

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 SEP 18 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000004884

1. Entity Name
CORPORATE CENTER THREE OWNER CORP.



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

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

DO NOT WRITE IN THIS SPACE



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3293936

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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
VD
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

700079998277
09/20/06--01040--013 **\$50.00

**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: _____ John Carter 9/15/06 813-287.0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/15/06