



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004887 1. Entity Name RESOURCE'SQUARE THREE OWNER CORP.			FILED 06 SEP 18 PM 4:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<div style="text-align: right;"> 400080327764 10/02/06--01023--019 **550.00 <small>DATE</small> </div>	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DPT	DO NOT WRITE IN THIS SPACE	
NAME	LIMBURG, ANDREAS		
STREET ADDRESS	171 17TH STREET, SUITE 1200		
CITY-ST-ZIP	ATLANTA, GA 30363		
TITLE	DVP		
NAME	ROLIN, PIERRE		
STREET ADDRESS	171 17TH STREET, SUITE 1200		
CITY-ST-ZIP	ATLANTA, GA 30363	DO NOT WRITE IN THIS SPACE	
TITLE	VPS		
NAME	CARTER, JOHN		
STREET ADDRESS	171 17TH STREET, SUITE 1200		
CITY-ST-ZIP	ATLANTA, GA 30363		
TITLE	VPS		
NAME	OPAR, JOHN		
STREET ADDRESS	171 17TH STREET, SUITE 1200	DO NOT WRITE IN THIS SPACE	
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		DO NOT WRITE IN THIS SPACE	
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 9/15/06 813-287.0101 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			