

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2006 SEP 18 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F05000004890

1. Entity Name

H. RIVER TWO 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**



08142006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3294196

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 DPT  
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

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  
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

TS 9/19/04

200080026832  
09/21/06--01023--020 \*\*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

9/15/06

Date

813-297.0101

Daytime Phone #