


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 SEP 18 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000004891 1. Entity Name CORPORATE CENTER TWO OWNER CORP.	
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Principal Place of Business 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363	Mailing Address 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363
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07182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3293823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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	DPT LIMBURG, ANDREAS 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROLIN, PIERRE 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CARTER, JOHN 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS 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	

600079998286
09/20/06--01040--014 **\$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 #

9/18/06