

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F05000004900

1. Entity Name

RESOURCE SQUARE TWO OWNER CORP.



FILED  
2006 SEP 18 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
171 17TH STREET, STE. 1200  
ATLANTA, GA 30363



08142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3294535

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, STE. 1200  
ATLANTA, GA 30363

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPD  
ROLIN, PIERRE  
171 17TH STREET, STE. 1200  
ATLANTA, GA 30363

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
CARTER, JOHN  
171 17TH STREET, STE. 1200  
ATLANTA, GA 30363

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAS  
OPAR, JOHN  
171 17TH STREET, STE. 1200  
ATLANTA, GA 30363

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
B 9/19/06

000080026850  
09/21/06--01023--021 \*\*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 9/15/06 813-287-0101

Date

Daytime Phone #