


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 18 AM 10:15

<b>DOCUMENT # F05000004901</b> 1. Entity Name H. RIVER ONE OWNER CORP.	
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Principal Place of Business 171 17TH STREET, STE. 1200 ATLANTA, GA 30363	Mailing Address 171 17TH STREET, STE. 1200 ATLANTA, GA 30363
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08142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3294034	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

300080031023  
09/21/06--01036--009 \*\*\$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: John Carter 9/15/06 813-287.0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #