FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005641 (5)**

1. Corporation Name

LNP REAL ESTATE CORPORATION

Principal Place of Business	Mailing Address
600 PEACHTREE ST NE SUITE 3500 ATLANTA GA 30308	600 PEACHTREE ST NE SUITE 3500 ATLANTA GA 30308

3. Date Incorporated or Qualified: **10/31/1994**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: **58-2137281** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent, if changing) (NOTE: If changing Registered Agent, signature of previous Registered Agent required below in Section 13.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, STUART A		1.2 NAME	
STREET ADDRESS	700 NW 107TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAPPEL, MICHAEL A		2.2 NAME	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, MARK A		3.2 NAME	
STREET ADDRESS	600 PEACHTREE ST NE, SUITE 3500		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30308		3.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOYDSTON, CORY		4.2 NAME	
STREET ADDRESS	600 PEACHTREE ST NE, SUITE 3500		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30308		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, LORI		5.2 NAME	
STREET ADDRESS	600 PEACHTREE ST NE, SUITE 3500		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30308		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CBoydston **CORY J. BOYDSTON VICE PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR

1/31/96
Date

404-811-3910
Daytime Phone #