2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90034 005 ***150.00

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1. Entity Name
ROBERT PATTILLO PROPERTIES, INC.

Principal Place of Business	Mailing Address
2987 CLAIRMONT ROAD, STE 550 ATLANTA GA 30329	2987 CLAIRMONT ROAD, STE 550 ATLANTA GA 30329

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2200 CENTURY PARKWAY	
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc.
City & State ATLANTA. GA	City & State
Zip 30345 Country USA	Zip Country

4. FEI Number 58-6020072 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO PATTILLO, ROBERT A 2987 CLAIRMONT ROAD, STE 550 ATLANTA GA 30329	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2200 CENTURY PARKWAY. SUITE 101 ATLANTA GA 30345
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REESE, CLAY W 2987 CLAIRMONT ROAD, STE 550 ATLANTA GA 30329	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2201 CENTURY PARKWAY SUITE 101 ATLANTA GA 30345
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC GALLOWAY, TERRY L 2987 CLAIRMONT ROAD, STE 550 ATLANTA GA 30329	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2200 CENTURY PARKWAY, SUITE 101 ATLANTA GA 30345
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWDER, THOMAS H 2987 CLAIRMONT ROAD, STE 550 ATLANTA GA	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARKSDALE, RANDOLPH A 2987 CLAIRMONT ROAD, STE 550 ATLANTA GA 30329	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANYO, BARBARA 2987 CLAIRMONT ROAD, STE 550 ATLANTA GA 30329	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ TERRY L GALLOWAY 2/21/07 678-365-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #