

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001319

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90098 023 ***150.00

DOCUMENT # K68714

1. Corporation Name

SHLP REALTY ADVISORS, INC.

Principal Place of Business

7000 CENTRAL PARKWAY
SUITE 1500
ATLANTA GA 30328
US

Mailing Address

7000 CENTRAL PARKWAY
SUITE 1500
ATLANTA GA 30328
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1989

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

4. FEI Number

59-2972426

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEAL, ALTON R.
FEATHER SOUND CORPORATE CENTER II
2 CORPORATE DRIVE, STE. 130
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13577 Feather Sound Drive

83 Suite 300

84 City

Clearwater

FL

85 Zip Code

33762

11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVST	<input type="checkbox"/> DELETE
NAME	LEE ALAN G	
STREET ADDRESS	7000 CENTRAL PKWY, #1500	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MABRY, DONALD S	
STREET ADDRESS	7000 CENTRAL PARKWAY, SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	LOVE J ROBERT	
STREET ADDRESS	7000 CENTRAL PKWY #1500	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT L	
STREET ADDRESS	7000 CENTRAL PARKWAY, SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIFFIN, STEPHEN L	
STREET ADDRESS	7000 CENTRAL PARKWAY, SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SIMPSON, DONALD A	
STREET ADDRESS	3201 SOUTH TAMARAC DRIVE, SUITE 200	
CITY-ST-ZIP	DENVER CO 80231	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan G. Lee

January 5, 1999 770/551-0007

Date

Daytime Phone #

CR2E034 (11/98)