

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90025 027 \*\*\*\*50.00

**DOCUMENT # L00000001982**

1. Entity Name

**EHR PROPERTIES, LLC**



Principal Place of Business

**10044 BUCK POINT ROAD  
TALLAHASSEE FL 32312-3709**

Mailing Address

**10044 BUCK POINT ROAD  
TALLAHASSEE FL 32312-3709**

2. Principal Place of Business

3. Mailing Address

**705 BITTERSWEET TRL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Atlanta GA**

Zip

Country

**30350**

Country

4. FEI Number **59-3626258**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROGERS, MARGARET H  
10044 BUCK POINT ROAD  
TALLAHASSEE FL 32312-3709**

7. Name and Address of New Registered Agent

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 \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **ROGERS, JAY G**  
STREET ADDRESS **705 BITTERSWEET TRL**  
CITY-ST-ZIP **ATLANTA GA 30350**

TITLE **MGRM** ☐ Delete  
NAME **EICHER, KRISTINA**  
STREET ADDRESS **4200 PARK BROOKE TRACE**  
CITY-ST-ZIP **ALPHARETTA GA 30022**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/11/2003 (404) 784 3329**

Date

Daytime Phone #

CR2E083 (10/02)