

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000011443**1. Entity Name
KGB LAKE HOWELL, LLC

| | |
|--|--|
| Principal Place of Business 8215 ROSWELL ROAD, BUILDING 500 ATLANTA GA 30350 | Mailing Address 8215 ROSWELL ROAD, BUILDING 500 ATLANTA GA 30350 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

4. FEI Number
58-2585182

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEAY JAMES E.L.
200 SOUTH ORANGE AVENUE
SUITE 2600
ORLANDO FL 32801 US7. 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.

SIGNATURE _____ DATE **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAKER STEPHEN H 8215 ROSWELL ROAD, BUILDING 500 ATLANTA GA 30350 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GEARY JOHN WIII 8215 ROSWELL ROAD, BUILDING 500 ATLANTA GA 30350 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KERN ROBERT F 8215 ROSWELL ROAD, BUILDING 500 ATLANTA GA 30350 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BAKER STEPHEN HMGRM 395 WADDINGTON TRAIL DULUTH GA 30097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GEARY III JOHN WMGRM 8215 ROSWELL ROAD, BUILDING 500 ATLANTA GA 30350 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KERN ROBERT FMGRM 8215 ROSWELL ROAD, BUILDING 500 ATLANTA GA 30350 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: John W. Geary III MGRM 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)