

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 009 ****50.00

DOCUMENT # L00000013137

1. Entity Name
HRR PROPERTIES, LLC

Principal Place of Business
**10044 BUCK POINT ROAD
 TALLAHASSEE FL 32312-3709**

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

972978



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3679173**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
MGRM
 NAME **ROGERS, JAY G**
 STREET ADDRESS **495 SHERINGHAM CT**
 CITY-ST-ZIP **ROSWELL GA 30076**

TITLE Change Addition
MGRM
 NAME **JAY G. ROGERS**
 STREET ADDRESS **705 BITTERSWEET TER.**
 CITY-ST-ZIP **ATLANTA GA 30350**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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]** SIGNATURE REQUIRED **ROGERS MGRM** 7-15-02 (678) 24 0058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)