

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-13-2003 90024 001 \*\*\*\*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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**705 Bittersweet Trl**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Atlanta GA**

4. FEI Number **59-3679173**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**30350 USA**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROGERS, JAY G 7055 BITTERSWEET TRL ATLANTA GA 30350</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **Signature Required** **ROGERS** Date: **2/11/03** Daytime Phone #: **(404) 784 3329**

CR2E083 (10/02)