

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90004 020 ****55.00

DOCUMENT # L01000001861

1. Entity Name

CHP MAGNOLIA POINTE, LLC



Principal Place of Business

Mailing Address

1261 GLENWOOD AVENUE
ATLANTA GA 30316

C/O REGENCY DEVELOPMENT ASSOCIATES, INC
1103 WEST HIBISCUS BLVD SUITE 408
MELBOURNE FL 32901

2. Principal Place of Business

241 Peachtree Street

3. Mailing Address

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Zip

30303

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3697967**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER, RENEE
110 BRY LYNN DRIVE
WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name **RENEE FOWLER SANDELL**
Street Address (P.O. Box Number is Not Acceptable)
1103 West Hibiscus Blvd, #408
City **Melbourne** FL Zip Code **32901**

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)

2/10/03

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 **MGR** ☐ Delete
NAME **KEAN, BREAK**
STREET ADDRESS **1261 GLENWOOD AVENUE**
CITY-ST-ZIP **ATLANTA GA 30316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **241 Peachtree Street, #300**
CITY-ST-ZIP **Atlanta, GA 30303**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/10/03

404-965-3973

CR2E083 (10/02)

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