2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am

1. Entity Name					04-16-2002 90093 020 ****55.00			
THE LODGE, LLG				ļ	04-16-2002 90	0093 020 ****55.	00	
Principal Plac	ce of Business	Mailing Address						
6250 SHILOH ROAD, SUITE 11 O 6250 SHILOH ROAD, SUITE 11 ALPHARETTA GA 30005 ALPHARETTA GA 30005			Tio		93	8481		
						 		
2. Principal I	Place of Business 5 Shilah Rd	3. Mailing Address (0250 5\n) Suite, Apt. #, etc.	Joh Roo	ا ا		IN THIS SPACE		
305	te 110	Suite 110			DO NOT WHITE	TIV TITIO OF ACE		
ACity & Sta	retla GA	Alphareta	GA	4. FEIN	lumber 8-2613746		pplied For ot Applicable	
Zip 3Exx	Country	2ip 30005	Country		icate of Status Desired	\$5.00 Add		
	6. Name and Address of Current Re		1 0.391	7. Name	and Address of New Re	<u> </u>		
Name					والمرابعة والمراز المها)	
COSTIN, CHARLES A 413 WILLIAMS AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
PU	RT ST. JOE FL 32456				<u> </u>			
<u> </u>			City			FL Zip Cod	le	
8. The above	named entity submits this statement for the	he purpose of changing its i	egistered office o	r registered agent,	or both, in the State of Flori	da.		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	Registered Agent signat	ure required when reinstati	ng)	DATE	_ _	
		_	W!!! FEE IS					
		Make Check Pay	/able to Depart By May 1, 200					
9.	. MANAGING MEMBERS	MANAGERS	10.		ADDITIONS/C	HANGES		
TITLE		☐ Delete	TITLE	MGEM		☐ Change	Addition	
NAME STREET ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- ,	NAME STREET ADDRESS	Caso Shi	Janee oh Road #110			
CITY-ST-ZIP		1	CITY-ST-ZIP	Alphanet	la, BA 3000			
TITLE NAME		☐ Delete	TITLE NAME	MGRM Brad D	mind	☐ Change	Addition	
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CITY-ST-ZIP	·		CITY-ST-ZIP	Alpharetta	- GA 30005			
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with th		TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	

courate 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 yer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the rece

SIGNATURE:

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

4/08/00

esse C. Vance