

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0044805

DOCUMENT # L01000016916

1. Entity Name

GAINESVILLE PLACE PHASE IA, LLC**FILED****03 MAY 22 PM 1:36****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**2800 SW 35TH PLACE, STE. 50
GAINESVILLE FL 32608-2718**

Mailing Address

**101 MARIETTA STREET NW
SUITE 1050
ATLANTA GA 30303-2780**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3749448**

Applied For

Not Applicable

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

**MOORE, MICHAEL G
VEGA, BROWN, STANLEY & BURKE, P.A.
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112-4899**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	☐ Delete
NAME	PHILLIPS, CECIL	
STREET ADDRESS	101 MARIETTA ST., STE. 1050	
CITY-ST-ZIP	ATLANTA GA 30303	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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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 #

4-14-03 404-920-9200

CR2E083 (10/02)