2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010818

1. Entity Name

MICCO PARK, LLC



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90127 026 ****50.00

03-20-03

404-636-0343

Daytime Phone #

2. Primipal Pace of Business 3. Mailing Address Suite. Apt. #. etc. CHECK HERE IF MAKING CHANGES Suite. Apt. #. etc. Saite. Apt. #. etc. CHECK HERE IF MAKING CHANGES Zip Country Zip Country S. Certificate of Status Dealed S. 5.00 Additional Processor S. Countricate of Status Dealed S. Countricate of Status Dealed S. 5.00 Additional Processor S. Countricate of Status Dealed S. 5.00 Additional Processor S. Countricate of Status Dealed S. 5.00 Additional Processor S. Countricate of Status Dealed S. 5.00 Additional Processor S. Countricate of Status Dealed S. 5.00 Additional Processor S. Countricate of Status Dealed S. 5.00 Additional Processor S. Countricate of Status Dealed S. 5.00 Additional Processor S. Countricate of Status Dealed S. Countricate Office of Status Dealed S. Countricate Office of Status Dealed S. Countricate Office Dealed S. Countr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,								
880 US NIGHWAY 1 MICCO R. 13976 Principal Place of Business Suite, Act. #, rido. Suite, Apr. #, rido. Suite, Apr. #, rido. City & Saite Suite, Apr. #, rido. Replication Repli	Principal Plac	ce of Business	Mailing Address	-	<u> </u>	1				
Suite, Apt. #, otc. Suite, Apt. #, otc. Chy & State	8600 US HIGHWAY 1									
Suite, Apt. #, otc. Suite, Apt. #, otc. Chy & State						11111	THE BUT BEING HER TO BE AND A SERVICE AND A	KA ar an ar an 564	44 6644 (866)	
Agained Five State City & State City & State City & State Agained Five State Agained Five State St	Principal Place of Business Address Mailing Address									
Shaper Button of State Desired State Desir	Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.		7.	CHECK HERE	IF MAKING	CHANGES		
Scheme and Address of Current Registered Agent Scheme and Address of New Registered Agent Scheme and Addr	City & State City & State			•=		4. FEI Num	1505 (14)			
SHAPFF, BURTON G 2315 S. CONGRESS AVE. WEST PALM BEACH FL 33406 CRy FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE System hybrid or primed/area diregistered input and the legisterable in Police in Policy in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with, and accept agent and accept agent. Scale Part Accept agent. ITLE NAME TO A STATE ACCEPT AC	Zip Country		Zip	Zip Count					\$5.00 Add	ditional
SHARFF, BURTON G 2315 S. CONGRESS AVE. WEST PALM BEACH FL 33406 City FL Zip Code City FL Zip Code City FL Zip Code 6. The abovo named cnity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the top obligations of registered agent, or both, in the State of Florida. I am tamillar with, and accept the state of Florida. I am tamillar with, and accept the florida accept the florida Agent the sequence of registered agent, or both, in the State of Florida. I am tamillar with, and accept the florida accept the florida Agent the sequence of registered agent, or both, in the State of Florida. I am tamillar with, and accept the florida accept the florida accept and accept the sequence of the		6Name and Address of Curre	nt Registered Agent		حجمت جانب	7, Name a	nd Address of New I		<u>-</u> -	
215 S. CONGRESS AVE WEST PALM BEACH FL 33406 City FL Zip Code R. 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 outgetons of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgetons of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgetons of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgetons of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgetons of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgetons of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgetons of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgetons of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgetons of Florida. I am familiar with, and accept the outgetons of Florida. I am familiar with, and accept the outgetons of Florida. I am familiar with, and accept the outgetons of Florida. I am familiar with, and accept the time outgetons of Florida. I am familiar with, and accept the formation of Florida. I am familiar with, and accept the formation of Florida. I am familiar with, and accept the florida. I am familiar	0114				Name	···				
WEST PALM BEACH FL 33406 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, upod or infinite rand of agranular and the Facultation (Incite Registered Agent agranular always required when remaining) PILE 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 INCITE STATE ADDRESS SIREE ADDR					Street Address	(P.O. Box Num	ber is Not Acceptable	e)		
E. The above named entity submits this statement for the purpose of changing its registered affect or negistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of negistered agent. SIGNATURE Signature Symbol or partied name of registered agent and first it specialises. PIOTE Proglames Agent segment when recessively. PIOTE Proglames Agent segment segm					(
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synature typeor or printed name of ingitizened agent and time if applicable. PLOTE Registered Agent surpluser occurred when rerestatingly DATE	****	DI I ALM BLACK I E 00400								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. **PILE** NOW!!! FEE IS \$50.00					City				Zip Cod	e
THE NOMES OF STEEF ADDRESS OFF. STEEF ADDRESS OFF. STEEF ADDRESS OFF. ST. 2P THE ADDRESS OFF. ST. 2P THE ADDRESS OFF. ST. 2P THE MANAGUME WENDERS OFF. ST. 2P TH	9 The above	named active submits this statement	t for the purpose of changing	ite register	rod office or registe	yod agent or h	oth in the State of El		amiliar with	and accord
Synamum typed on pritted rugned agent and the it applicable (NOTE Registered Agent Birpharus on enricitating) Part			tor the pulpose of changing	i its register	ed office of registe	seo agent, or t	out, in the state of Fr	onda. Famili	urimai witti,	and accept
### Check Payable to Florida Department of State Due By May 1, 2003 S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE	SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (I	NOTE: Registere	ed Agent signature require	ed when reinstating)		DATE		
### Check Payable to Florida Department of State Due By May 1, 2003 S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE			Ell C	MOWIII	EEE 18 650 00					
Due By May 1, 2003 S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS Delete TITLE MANAGERS MANAGING MEMBERS Delete MANAGERS MANAGER						ent of State				
TITLE SIGNING NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA					· -					
TITLE SIGNING NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	9.	MANAGING MEM	BERS/MANAGERS	10.		-4.	ADDITIONS	/CHANGES		
NAME STREET ADDRESS OCHY-ST-ZIP TTLE OAULD GREEN C- STREET ADDRESS OCHY-ST-ZIP WALAGUNG MEMBER CITY-ST-ZIP AT LAUTE, GA 30328 SOO WAT TRUE ADDRESS CITY-ST-ZIP TTLE WALAGUNG MEMBER CITY-ST-ZIP WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30324 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30341 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30341 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30341 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30341 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30341 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30341 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30341 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30341 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP AT LAUTE, GA 30341 CITY-ST-ZIP TTLE WALAGUNG MEMBER STREET ADDRESS CITY-ST-ZIP TTLE WALAGUNG MEMBER								,	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP ATUALTA, CAB 30325 - 306 0 CITY-ST-ZIP DAVID GREENE CITY-ST-ZIP ATUALTA, CAB 30325 - CITY-ST-ZIP TITLE NAME DAVID GREENE CITY-ST-ZIP ATUALTA, CAB 30325 - CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE WANGLOW ON CHORGE STREET ADDRESS CITY-ST-ZIP TITLE WANGLOW ON CONTINUAND RUGGE COUNT STREET ADDRESS CITY-ST-ZIP TITLE WANGLOW ON CONTINUAND RUGGE STREET ADDRESS CITY-ST-ZIP TITLE WANGLOW ON CONTINUAND RUGGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP ATUALTA CAB 30342 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP ATUALTA STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-Z		TACK CREEKE		NAM	1E					_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAM		145 BELLONT								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP	ATUMEN, GA 3	908-306 W	CITY	'-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE WALAGUNG NEMBER Delete TITLE WALAGUNG NEWBER Delete TITLE WALAGUNG NEWBER Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE WALAGUNG NEWBER Delete TITLE WALAGUNG NAME ANN GREENE KARUNG NAME TREET ADDRESS CITY-ST-ZIP TITLE WALAGUNG NAME ANN GREENE KARUNG NAME TREET ADDRESS CON NATURAN RUGGE COURT STREET ADDRESS CON NATURAN RUGGE COURT TITLE WALAGUNG NAME NAME STREET ADDRESS TITLE WALAGUNG NAME STREET ADDRESS TITLE WALAGUNG NAME NAME STREET ADDRESS TITLE WALAGUNG NAME STREET ADDRESS TITLE STREET ADDRESS TI			3℃ □ Delete						☐ Change	Addition
CITY-ST-ZIP WALAGUAG NEMBGR Delete TITLE NAME ALAGGEGEMENT TOACH STREET ADDRESS NAME ALAGGEGEMENT TOACH Delete TITLE NAME ALAGGEGEMENT TOACH Delete TITLE NAME ALAGGEGEMENT TOACH Delete TITLE NAME ALAGGEGEMENT TOACH TITLE NAME ALAGGEGEMENT TOACH TITLE NAME ALAGGEGEMENT TITLE ALAGG			N =							
TITLE WALAGUAGE NEMBER Delete TITLE Change Addition NAME STREET ADDRESS U.S. BELWANT TOACE STREET ADDRESS CITY-ST-ZIP AT LAUTA, O.A. 30328 306 G CITY-ST-ZIP TITLE WALAGUAGE WEURGOT Delete TITLE Change Addition NAME KETCHAN CALEGUAGE STREET ADDRESS CITY-ST-ZIP ATLANTA, G.A. 30329 CITY-ST-ZIP TITLE WALAGUAGE WEURGOT Delete TITLE Change Addition NAME ANN GREENE CARLUN NAME STREET ADDRESS ON ONE TRUBUND RUGGE CONE T STREET ADDRESS CITY-ST-ZIP ATLANTA, G.A. 30342 CITY-ST-ZIP TITLE MAUAGUAGE WEURGE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE MAUAGUAGE WEURGE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE MAUAGUAGE WEURGE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE MAUAGUAGE WEURGE CONE T STREET ADDRESS CITY-ST-ZIP ATLANTA, G.A. 30342 CITY-ST-ZIP TITLE MAUAGUAGE WEURGE CONE T STREET ADDRESS CITY-ST-ZIP ATLANTA, G.A. 30342 CITY-ST-ZIP TITLE MAUAGUAGE WEURGE CONE T STREET ADDRESS CITY-ST-ZIP ATLANTA G.A. 30342 CITY-ST-ZIP TITLE MAUAGUAGE WEURGE Delete TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE MAUAGUAGE WEURGE Delete TITLE CHANGE NAME STREET ADDRESS CITY-ST-ZIP CHANGE CONE T TITLE MAUAGUAGE CONE T STREET ADDRESS CITY-ST-ZIP ATLANTA G.A. 30342 CITY-ST-ZIP TITLE MAUAGUAGE CONE T CHANGE CONE T TITLE MAUAG					- - •	₩	_	ا چي محمد شاخد د	- د بسد خون	
NAME STREET ADDRESS CITY-ST-ZIP WTLAUTA OA 30328 306 CITY-ST-ZIP TITLE WALLACIUG WEIGHER STREET ADDRESS CITY-ST-ZIP WTLAUTA, GA 30328 CITY-ST-ZIP WTLAUTA, GA 30328 CITY-ST-ZIP TITLE WALLACIUG WEIGHER TITLE WALLACIUG WEIGHER TITLE WALLACIUG WEIGHER TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE WALLACIUG WEIGHER TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE WALLACIUG WEIGHER TITLE WALLACIUG WEIGHER TITLE WALLACIUG WEIGHER TITLE WALLACIUG WEIGHER TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE WALLACIUG WEIGHER TITLE WALLACIUG WEIGHER TITLE WALLACIUG WEIGHER TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE WALLACIUG WEIGHER TITLE WALLACIUG WE									Change	□ Addition
STREET ADDRESS CITY-ST-ZIP TITLE WALLACIUG WEUDGO Delete TITLE WALLACIUG WEUDGO DELETE STREET ADDRESS CITY-ST-ZIP TITLE WALLACIUG WEUDGO DELETE TITLE WALLACIUG WEUDGO CITY-ST-ZIP TITLE WALLACIUG WEUDGO CITY-ST-ZIP TITLE WALLACIUG WEUDGO CITY-ST-ZIP TITLE WALLACIUG WEUDGO DELETE TITLE WALLACIUG WEUDGO CITY-ST-ZIP TITLE WALLACIUG WEUDGO CITY-ST-ZIP TITLE WALLACIUG WEUDGO CITY-ST-ZIP TITLE WALLACIUG WEUDGO CITY-ST-ZIP TITLE WALLACIUG WEUDGO DELETE TITLE WALLACIUG WEUDGO CITY-ST-ZIP TITLE WALLACIUG WEUDGO DELETE TITLE WALLACIUG WEUDGO TOTALICU T			U Delete						change	☐ Addition
CITY-ST-ZIP WTUALUA WEUBER Delete TITLE WALLAUM WEUBER DELETE STREET ADDRESS CITY-ST-ZIP TITLE WALLAUM WEUBER DELETE STREET ADDRESS CITY-ST-ZIP TITLE WALLAUM WEUBER DELETE TITLE CHANGE Addition Addition TITLE WALLAUM WEUBER TITLE CHANGE Addition TITLE CHANGE Addition Addition TITLE WALLAUM WEUBER TITLE CHANGE Addition TITLE CHANGE Addition TITLE CHANGE Addition TITLE CHANGE Addition TITLE WALLAUM WEUBER TITLE CHANGE Addition TITLE WALLAUM WEUBER TITLE CHANGE CHANGE Addition TITLE CHANGE CHANGE CHANGE Addition TITLE CHANGE CHANGE ADDRESS TITLE CHANGE CHANGE ADDRESS TITLE			CACE							
NAME STREET ADDRESS CITY-ST-ZIP ATLAUTA, GA 30329 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ANN GREENE CARLIN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ATLAUTA, GA 30342 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	CITY-ST-ZIP			CITY	'-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 3032G TITLE WANAGUAGUAGUAGUAGUAGUAGUAGUAGUAGUAGUAGUAGUA	TITLE		NBGC □ Delete	TITL	E				☐ Change	☐ Addition
CITY-ST-ZIP WYWAGWAGWAGWAGWAGWAGWAGWAGWAGWAGWAGWAGWAGW	NAME			NAM	1E					
TITLE NAME NAME ANN GREEUE CARLIN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO NORTHUAND RUSE E-COURT STREET ADDRESS CITY-ST-ZIP TO NORTHUAND RUSE E-COURT CITY-ST-ZIP TO NORTHUAND RUSE E-COURT STREET ADDRESS CITY-ST-ZIP TO NORTHUAND RUSE E-COURT STREET A	1	,								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO U.C. A. B. B. C. COW. T. C.	CITY-ST-ZIP	Ariana, and =		CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO NON-TILLAND RUME E- COUNT		1 .			1				Change	☐ Addition
CITY-ST-ZIP ATLANTA, GA 30342 CITY-ST-ZIP TITLE NAME 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					1					
TITLE 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		7	•							
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									Channa	Addition
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		MICHTEL KABLIN	Valete							CT - dumon
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	1	300 NORTHLAND	RUGGE-court		1					
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	CITY-ST-ZIP	ATAUTA, GA	30342	CITY	'-ST-ZIP					
	indicated	on this report is true and accurate a	nd that my signature shall ha	ve the same	e legal effect as if r	made under oa	th; that I am a mana			

MIED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE