


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018094

1. Entity Name
STRATUS PROPERTIES, LLC



Principal Place of Business C/O ROBERT E. ALTENBACH 3290 NORTHSIDE PARKWAY NW., SUITE 400 ATLANTA, GA 30327	Mailing Address C/O ROBERT E. ALTENBACH 3290 NORTHSIDE PARKWAY NW., SUITE 400 ATLANTA, GA 30327
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06302005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3664974	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAPITAL 3000, LLC C/O ROBERT E ALTENBACH 3290 NORTHSIDE PARKWAY NW SUITE 400 MARIETTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRATUS MANAGEMENT SERVICES, INC. 15411 NORTH FLORIDA AVENUE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/05/05-80022-010 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *AM & Roberts* 6/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #