2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

303 PEACHTREE STREET N.E. STE. 4300

DOCUMENT # L02000026565

1. Entity Name

RMJP CHATEAU, LLC

Principal Place of Business

303 PEACHTREE STREET N.E. STE. 4300



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90105 044 ****50.00

ATLANTA GA 30308 ATLANTA GA 30308 20025007 2. Principal Place of Business 3. Mailing Address <u>303 Peachtree Street, N.E.</u> 303 Peachtree Street, N.E. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite 4300 Suite 4300 City & State City & State 4. FEI Number Applied For Atlanta, GA Atla<u>nta, GA</u> X Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 30308 Fulton 30308 **Fulton** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEMUS, MARTHA Street Address (P.O. Box Number is Not Acceptable) 10409 NORTH FLORIDA AVENUE **TAMPA FL 33612** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE 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 Member Change ☐ Addition CR2E083 (10/02) NAME Huntington Westfield Holdings, Inc. STREET ADDRESS 303 Peachtree Street, N.E., Ste 430 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Atlanta, GA 30308</u> TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 provided an execute this report as required by Chapter 608, Florida Statutes.

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

☐ Delete

☐ Delete

1/25/03

(404) 577~6000

☐ Change

☐ Addition

☐ Addition

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