

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90257 019 \*\*\*\*50.00

**DOCUMENT # L99000000139**

1. Entity Name

**GROVE POINT PARTNERS AT METROWEST, L.L.C.**

Principal Place of Business

**753 E. GLENN AVENUE  
AUBURN AL 36831**

Mailing Address

**753 E. GLENN AVENUE  
AUBURN AL 36831**

**900384**

2. Principal Place of Business

**c/o The Shoptaw Group  
3343 Peachtree Rd S 1100**

3. Mailing Address

**3343 Peachtree Rd, S 1100**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Atlanta, GA**

City & State

**Atlanta, GA**

Zip

**30326**

Country

**Fulton**

Zip

**30326**

Country

**Fulton**

4. FEI Number

**58-2436000**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUILDER, J. LINDSAY JR.  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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.

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 Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **SHANNON, MICHAEL V**  
STREET ADDRESS **753 E. GLENN AVENUE**  
CITY-ST-ZIP **AUBURN AL 36831**

TITLE **MGR** ☐ Delete  
NAME **WEAVER, C. HADLEY**  
STREET ADDRESS **753 E. GLENN AVENUE**  
CITY-ST-ZIP **AUBURN AL 36831**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **The Shoptaw Group, LLC**  
STREET ADDRESS **3343 Peachtree Rd, S. 1100**  
CITY-ST-ZIP **Atlanta, GA 30326**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Emily May Richards**  
STREET ADDRESS **3343 Peachtree Rd., S. 1100**  
CITY-ST-ZIP **Atlanta, GA 30326**

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

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

CR2E083 (9/01)

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]**

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

Date

Daytime Phone #

**4/29/02**

**404-504-8649**