## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L9900000139

FILED Mar 31, 2004 Secretary of State

Date

Entity Name: GROVE POINT PARTNERS AT METROWEST, L.L.C.

Electronic Signature of Registered Agent

**New Principal Place of Business: Current Principal Place of Business:** 5605 GLENRIDGE DRIVE STE 760 ATLANTA, GA 30342 **Current Mailing Address: New Mailing Address:** 5605 GLENRIDGE DRIVE ONE PREMIER PLAZA, 5605 GLENRIDGE DRIVE STE 760 STE 760 ATLANTA, GA 30342 ATLANTA, GA 30342 FEI Number: 58-2436000 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUILDER, J. LINDSAY JR GRAHAM, BUILDER, JONES, PRATT & MARKS, LLP 369 N. NEW YORK ÁVENUE, 3RD FL WINTER PARK, FL 32789 ÚS 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.

## **MANAGING MEMBERS/MEMBERS:**

SIGNATURE:

Address:

City-St-Zip:

## **ADDITIONS/CHANGES:**

ATLANTA, GA 30342

() Delete (X) Change ( ) Addition SG CAPITOL FUND NO 1, ,LLC SG CAPITAL FUND NO 1, ,LLC Name: Name: 5605 GLENRIDGE DRIVE STE 760 Address: 5605 GLENRIDGE DRIVE STE 760 Address: City-St-Zip: ATLANTA, GA 30342 City-St-Zip: ATLANTA, GA 30342 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: RICHARDS, EMILY-MAY F COO/CFO Address: Address: 5605 GLENRIDGE DRIVE, SUITE 760 City-St-Zip: City-St-Zip: ATLANTA, GA 30342 Title: () Delete Title: MGR ( ) Change (X) Addition SHOPTAW, BILL W CEO Name: Name: 5605 GLENRIDGE DRIVE, SUITE 760

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: EMILY-MAY RICHARDS 03/31/2004