

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90019 003 ****50.00

DOCUMENT # L99000000139

1. Entity Name

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



Shoptaw

Shoptaw

Principal Place of Business

C/O THE SHAGTAM GROUP LLC
3343 PEACHTREE RD S 1100
ATLANTA GA 30326

Mailing Address

C/O THE SHAGTAM GROUP LLC
3343 PEACHTREE RD S 1100
ATLANTA GA 30326

2. Principal Place of Business

5605 Glenridge Drive

Suite, Apt. #, etc.
Suite 760

City & State
Atlanta, GA

Zip
30342

Country

3. Mailing Address

5605 Glenridge Drive

Suite, Apt. #, etc.
Suite 760

City & State
Atlanta, GA

Zip
30342

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE SHAGTAM GROUP LLC 3343 PEACHTREE RD S 1100 ATLANTA GA 30326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDS, EMILY M 3343 PEACHTREE RD S 1100 ATLANTA GA 30326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SG Capital Fund No. 1, LLC 5605 Glenridge Drive, Suite 760 Atlanta, GA 30342	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5605 Glenridge Drive, Suite 760 Atlanta, GA 30342	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Emily M. Richards **4/8/03** **678-538-1049**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)