2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005407

1. Entity Name

ATLANTA EXPRESSWAY LLC

FILED

03 APR 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
777 BRICKELL AVE., SUITE 1200 MIAMI FL 33131	777 BRICKELL AVE., SUITE 1200 MIAMI FL 33131
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number **65-0957234**

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVENSHON, IRA M 777 BRICKELL AVE., SUITE 1200 MIAMI FL 33131	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

6000176021076
04/30/03--01122--005 **50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE **MGRM** NAME **LEWIN, NATHAN** STREET ADDRESS **WURZER STRABE 17** CITY-ST-ZIP **80539 MUNCHEN, GERMANY**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 04/30/03--01122--005 **50.00	☐ Change ☐ Addition
TITLE **MGRM** NAME **LEVENSHON, IRA M** STREET ADDRESS **777 BRICKELL AVE., SUITE 1200** CITY-ST-ZIP **MIAMI FL 33131**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: *Ira M. Levenshon, Member*

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

CR2E083 (10/02)

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