

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073874

DOCUMENT # L99000006402

1. Entity Name
WAIDE DEVELOPMENT SOUTHEAST, LLC



FILED

03 FEB -3 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1050 EAGLES LANDING PKWY
300
STOCKBRIDGE GA 30281

Mailing Address
1050 EAGLES LANDING PKWY
300
STOCKBRIDGE GA 30281

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 58-2495988
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
C I Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City Plantation FL Zip Code 33324

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 *JENNIFER F. FAULTMAN*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

01/31/03
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 FLEMING, WAIDE J 1543 HIGHWAY 138 S., SUITE P CONYERS GA 30013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, MIKE B 1050 EAGLES LANDING PKWY STE 300 STOCKBRIDGE GA 30281	<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	Manager Morrow Investors, Inc. 1050 Eagles Landing Parkway, Ste. 300 Stockbridge, Georgia 30281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Parkway Waterford, L.P. 1050 Eagles Landing Parkway, Ste. 300 Stockbridge, Georgia 30281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600011620506 02/03/03--01085--001 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/03

Date

(770) 474-4345

Daytime Phone #

CR2F083 (10/02)