

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000006956						Secretary of State					
1. Entity Name CHANCELLORY BUSINESS PARK, LLC											
Principal Place of Business 1801 HERMITAGE BOULEVARD, SUITE 600 TALLAHASSEE, FL 32308				Mailing Address 1801 HERMITAGE BOULEVARD, SUITE 600 TALLAHASSEE, FL 32308							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03072005 Chg-LLC CR2E083 (10/03)			
City & State				City & State				4. FEI Number 59-3606993		Applied For Not Applicable	
Zip		Country		Zip		Country		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					
TODD, DAVID E 1801 HERMITAGE BOULEVARD, SUITE 100 TALLAHASSEE, FL 32308						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	
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											
Filing Fee is \$50.00 Due by May 1, 2005						Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES					
TITLE		P ☐ Delete				TITLE		☐ Change ☐ Addition			
NAME		WARRIOR, DEXTER B				NAME					
STREET ADDRESS		3424 PEACHTREE RD NE 800				STREET ADDRESS					
CITY-ST-ZIP		ATLANTA, GA 30326				CITY-ST-ZIP					
TITLE		VT ☐ Delete				TITLE		000000275074 ☐ Change ☐ Addition			
NAME		LATHEM, LORI Q				NAME		03/24/05-80037-002 50.00			
STREET ADDRESS		3424 PEACHTREE RD NE 800				STREET ADDRESS					
CITY-ST-ZIP		ATLANTA, GA 30326				CITY-ST-ZIP					
TITLE		S ☐ Delete				TITLE		☐ Change ☐ Addition			
NAME		NEWMARK, DEBBIE J				NAME					
STREET ADDRESS		3424 PEACHTREE RD NE 800				STREET ADDRESS					
CITY-ST-ZIP		ATLANTA, GA 30326				CITY-ST-ZIP					
TITLE		ATV ☐ Delete				TITLE		☐ Change ☐ Addition			
NAME		GRAY, LYNNE M				NAME					
STREET ADDRESS		1801 HERMITAGE BLVD				STREET ADDRESS					
CITY-ST-ZIP		TALLAHASSEE, FL 32308				CITY-ST-ZIP					
TITLE		ASV ☐ Delete				TITLE		☐ Change ☐ Addition			
NAME		SMITH, JEFFREY L				NAME					
STREET ADDRESS		1801 HERMITAGE BLVD.				STREET ADDRESS					
CITY-ST-ZIP		TALLAHASSEE, FL 32308				CITY-ST-ZIP					
TITLE		☐ Delete				TITLE		☐ Change ☐ Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
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: <u>Debbie J. Newmark</u> <u>Debbie J. Newmark</u> <u>3/16/05</u> <u>404-846-1300</u>											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #											