

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000051

1. Entity Name  
ST. CHARLES G.P. PHASE I, L.L.C.

FILED

01 MAY -1 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5555 GLENRIDGE CONNECTOR, SUITE 700  
ATLANTA GA 30342

Mailing Address  
5555 GLENRIDGE CONNECTOR, SUITE 700  
ATLANTA GA 30342



MLH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
58-2497214

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

REALTY DEVELOPMENT CORPORATION  
5555 GLENRIDGE CONNECTOR, SUITE 700  
ATLANTA FL 30342

Name  
C T. Corporation

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.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.

JENNIFER F. FAULTMAN  
REGISTERED AGENT

April 27, 2001  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

400004274874--5  
-05/21/01--01183--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

Managing Member ☐ Change ☒ Addition  
George H. Lane, III  
5555 Glenridge Connector, Suite 700  
Atlanta, GA 30342

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: JENNIFER F. FAULTMAN REGISTERED AGENT, April 26, 2001 404-459-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0024081 AF

CR2E083 (11/00)