2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M000000074 1. Entity Name GLENRIDGE DEVELOPMENT, LLC					FILED 01 APR 30 PM 6: 31			
Principal Place 5583 COLTON ATLANTA GA		Mailing Address 5583 COLTON DRIVE ATLANTA GA 30342		TA	ECRETARY OF S LLAHASSEE, FL	STATE ORIDA		
- D: 1 IB								
220 Suite, Apt.		3. Mailing Address 2202 Abl x Suite, Apt. #, etc.	y Coce	<u>-</u>	DO NOT WE	RITE IN THIS SPACE		
	NARETTA, G	A City & State A Phare 7	TA G/	4. FEI	Number 58-227176	20	Applied For Not Applicable	
Zip 300	Country // S/	4 30004	US.	A 5. Cer	tificate of Status Desired	55.00 A		
	6. Name and Address of C	<u> </u>			e and Address of New	Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Co	de	
A The above	named entity submits this state	ment for the purpose of changing its rec	asierea onice or					
8. The above	named entity submits this state		egistered Agent signatu	ure required when reinsta	ting)	DATE		
		ed agent and title if applicable. (NOT :: Re	egistered Agent signatu	ure required when reinsta	500004 -05/15 *****	DATE 1218895 5/0101143 *50.00 ******	8 030 50.00	
SIGNATURE .	Signature, typed or printed name of registe	ed agent and title if applicable. (NOT : Re FILE N 3W Make Check P: ya MEMBERS/MEMBERS	ogistered Agent signatu	ure required when reinsta 550.00 ment of State	ting) 500004 -05/1! ******	DATE 1218895 5/0101143 \$50.00 *****	50.00	
9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registe	ed agent and title if applicable. (NOT :: Re FILE N)W Make Check Pr ya	Pogistered Agent signature VIII FEE S \$ ble to Departi 10. TITLE NAME STREET ADDRESS	ment of State MANAGIA RICHARD 2202	SOUDDA -05/15 ***** ADDITIONS OF MEMBER OF W. CARPEN	DATE 1218895 5/0101143 *50.00 ***** S/CHANGES 2	50.00	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registe	ed agent and title if applicable. (NOT : Re FILE N 3W Make Check P: ya MEMBERS/MEMBERS	PSIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	ire required when reinsta	SOUDDA -05/15 ***** ADDITIONS OF MEMBER OF W. CARPEN	DATE 1218895 5/0101143 \$50.00 ***** S/CHANGES Change	50.00	
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