

2001 UNIFORM BUSINESS REPORT (UBR)

0024003 AF

DOCUMENT # M00000000333

1. Entity Name
OBT, LLC

Principal Place of Business
7000 PEACHTREE DUNWOODY RD
BLDG. 15. STE. 301
ATLANTA GA 30328

Mailing Address
7000 PEACHTREE DUNWOODY RD
BLDG. 15. STE. 301
ATLANTA GA 30328

2. Principal Place of Business

7209 S ORANGE Blossom Trail
Suite, Apt. #, etc.

3. Mailing Address

PO Box 467365
Suite, Apt. #, etc.

City & State
Orlando FL

Zip Country
32809 USA

City & State
Atlanta GA

Zip Country
31146 USA

4. FEI Number 58-2507131

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

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 Department of State

800003925608-5
-04/11/01--01005--017
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRESIDENT	Brian J McCarthy	PO Box 467365	Atlanta, GA 31146	<input type="checkbox"/>
SECRETARY	Thelma J Wilke	PO Box 467365	Atlanta, GA 31146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Brian McCarthy

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

Date

Daytime Phone #

3/12/01 770-396-5212

CR2E083 (11/00)