

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 22 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2511329

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.
520 EAST 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM
RECP HARDIN HOLDINGS, LLC
STREET ADDRESS 3715 NORTHSIDE PKWY., BLDG. 400, STE. 200
CITY-ST-ZIP ATLANTA GA 30327TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
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CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000023398690
CITY-ST-ZIP 09/29/03--01029--030 **150.00TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

GREGORY D. HOWARD

9/22/03

(404) 544-0665

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

Day

Daytime Phone #