

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

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90001 046 ****50.00

DOCUMENT # **M00000000549**

1. Entity Name

OWI VENTURES II, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6400 POWERS FERRY RD NW

Suite, Apt. #, etc.

STE 100

City & State

ATLANTA GA

Zip

30339

Country

USA

3. Mailing Address

6400 POWERS FERRY RD NW

Suite, Apt. #, etc.

STE 100

City & State

ATLANTA GA

Zip

30339

Country

USA

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4. FEI Number

58-2529108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANK M SCHEU

Street Address (P.O. Box Number is Not Acceptable)

5169 WEST 12th ST

City

JACKSONVILLE

FL

Zip Code

32254

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR M
LEON NOVAK
6400 Powers Ferry Rd NW, Ste 100
ATLANTA GA 30339**

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

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

LEON NOVAK

Date

Daytime Phone #

770 955-0404

CR2E083B (12/01)