2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000001559

1. Entity Name

GREAT ATLANTIC MANAGEMENT, LLC

SIGNATURE:



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90108 001 ****50.00

Principal Plac	e of Business	Mailing Address							
2 EATON STREET. SUITE 1100 HAMPTON VA 23669		2 EATON STREET. SUITE 1100 HAMPTON VA 23669				-			
293 Independence Blvd.		3. Mailing Address 293 Independence Blvd.		/d.					
Blda 5 Suite 400		Sylte, Apt. #, etc. Rd/ 6. Sulte 400			CHECK HERE IF MAKING CHANGES				
City & State		City & State VI (a) NI Beach, VA		4. FEI Nu	imber 54-1874309			plied For]
23462 Country			ountry	5 Certific	cate of Status Desired		5.00 Add		1
6. Name and Address of Current Re		25402			and Address of New Re	F	ee Require	d	4
	6. Name and Address of Current Ne	Name	7. Name	and Address of New Re	gistered Aç	jent		┧	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address (i		ddress (P.O. Box Nu	mber is Not Acceptable)				-
			City			FL	Zip Cod		1
8. The above	named entity submits this statement for the	e purpose of changing its regis	tered office o	registered agent, or	both, in the State of Flori	da. I am fai	niliar with,	and accept	1
ū	ons or registered agent?	Aubrey L.	laune	1- Oracid	ont	1-2	8-03	3	
SIGNATURE _	Signature, typed or printer name of registered agent and	ure required when reinstating)	DATE					
		FILE NOW!! Make Check Payable to Due By		partment of State		·			
9.	MANAGING MEMBERS	/MANAGERS 1	10.		ADDITIONS/C	HANGES	_		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM EDWIN, JOSEPH A 2 EATON ST., SUITE 1100 HAMPTON VA 23669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	293 Indepo Virginia F	ndence Blvd. Scach, VA 2		X Change 5,5to	□ Addition	F083 (10/05)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LAYNE, AUBREY L 2 EATON ST., SUITE 1100 HAMPTON VA 23669	! !	IIILE		ndence Blvd. each, VA 23	}	Z Unange	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	TITLE NAME Street Address City-St-Zip	· · · · · · · · · · · · · · · · · · ·		[Change	Addition	1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		M	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. [Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A S	ITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
indicated of	ertify that the information supplied with this on this report is true and accurate and tha illity company or the receiver or trustee en	V my signature shall have the sa	ame legal effe	ct as if made under d	ath: that I am a managin	urther certify ig member (that the in or manager	formation of the	

MEARITHMEATHE Jr. Prisident

INTERNATION MANAGER, OR AUTHORIZED REPRESENTATIVE