

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90046 023 \*\*\*\*50.00

**DOCUMENT # M00000002257**

1. Entity Name

**AFFORDABLE STRUCTURES OF GEORGIA, LLC**



Principal Place of Business

P.O. BOX 88470  
ATLANTA GA 30356

Mailing Address

P.O. BOX 88470  
ATLANTA GA 30356

2. Principal Place of Business

7015 Hunters Branch Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Atlanta GA

City & State

GA

Zip

30328

Country

Zip

Country

4. FEI Number 58-2562423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, MICHAEL L  
1044 ST CROIX AVE  
APOPKA FL 32703

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete  
NAME ADAMS, MICHAEL L  
STREET ADDRESS 1044 ST. CROIX AVE.  
CITY-ST-ZIP APOPKA FL 32703

TITLE V ☐ Delete  
NAME TANSILL, PAUL C  
STREET ADDRESS 5429 TWIN CREEKS DR.  
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ Delete  
NAME DAVENPORT, GARY A.  
STREET ADDRESS 7015 Hunters Branch Dr  
CITY-ST-ZIP Atlanta, GA 30328

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: M. Adams **SIGNATURE REQUIRED** President 3-12-03 352-742-7488

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

Date

Daytime Phone #

CR2E083 (10/02)