2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000002465

1. Entity Name

HOLD)er (Cons	truc	TION	GROUP,	LLC
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FILED Jan 22, 2003 8:00 am Secretary of State 01-22-2003 90097 025 ****50.00

•		Mailing Address 3333 RIVERWOOD PKWY.	STE. 400							
ATLANTA GA 3		ATLANTA GA 30339								
2 Principal F	Diago of Rusinosa	2 Mailing Address								
2. Principal Place of Business		3. Walling Address	3. Mailing Address		ju ji ili 18 10) u disi uujil uutil di	# 1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Num	58-2535136	 	oplied For			
Zip	Country	Zip	Country	5. Certifica	ite of Status Desired	□ \$5.00 Add	ditional			
	6. Name and Address of Current F	Registered Agent		7. Name a	nd Address of New Reg		"			
C T	CODDODATION SYSTEM		Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
PLA	NTATION FL 33324									
			City			FL Zip Cod	e			
	named entity submits this statement for ions of registered agent.	the purpose of changing i	s registered office or regi	istered agent, or b	ooth, in the State of Florid	da. I am familiar with,	and accept			
SIGNATURE .	Signature, typed or printed name of registered agent as	ANG I AND I	TE: Registered Agent signature rec	wired the reinstation		DATE				
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent as					DATE				
	·		IOW!!! FEE IS \$50.0 ble to Florida Depart				{			
		-	ue By May 1, 2003	inein oi otate			ļ			
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/C	HANGES				
TITLE	CEOC	☐ Delete	TITLE			☐ Change	☐ Addition			
NAME	HOLDER, THOMAS		NAME				j			
STREET ADDRESS	3333 RIVERWOOD PKWY., STE.	400	STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP	ATLANTA GA 30339 PCOO				 _		Addition			
NAME !	MILLER, DAVID	☐ Delete	TITLE NAME			☐ Change	Addition			
STREET ADDRESS	3333 RIVERWOOD PKWY., STE.	400	STREET ADDRESS				Ì			
CITY-ST-ZIP	ATLANTA GA 30339	· ·	CITY-ST-ZIP		ن					
TITLE	VC	☐ Delete	TITLE			☐ Change	Addition			
NAME	KENIG, MICHAEL		NAME				}			
STREET ADDRESS CITY-ST-ZIP	3333 RIVERWOOD PKWY., STE.	400	STREET ADDRESS CITY-ST-21P							
	ATLANTA GA 30339						Addition			
TITLE NAME	O'HAREN, DAVID	☐ Delete	TITLE NAME			☐ Change	☐ Addition			
STREET ADDRESS	3333 RIVERWOOD PKWY., STE.	400	STREET ADDRESS				Ì			
CITY-ST-ZIP	ATLANTA GA 30339	100	CITY-ST-ZIP				1			
TITLE	EV	☐ Delete	TITLE			☐ Change	Addition			
NAME	Johnston, Lee		NAME							
STREET ADDRESS	3333 RIVERWOOD PKWY., STE.	400	STREET ADDRESS							
CITY-ST-ZIP	ATLANTA GA 30339	<u>_</u>	CITY-ST-ZIP							
TITLE	A NEVIDEN TO ID	☐ Delete	TITLE	- · · ·	^	Change	Addition			
NAME CTREET ADDRESS	PENDEY, J.C. JR	00	NAME CTRUTT ADDRESS	J.C. Ye	udrey, J.	_				
STREET ADDRESS CITY-ST-ZIP	3333 RIVERWOOD PKWY, STE 4 ATLANTA GA 30339	UU	STREET ADDRESS CITY-ST-ZIP		V					
	VITUILIV OU 20009									

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 of trostee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

770-988-3280

Daytime Phone #