

FILED

2003 APR 11 PM 9:18

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # M00000002666</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |  |                                                                   |
| 1. Entity Name<br><b>WP SOUTH DEVELOPMENT COMPANY, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                   |                                                                   |
| Principal Place of Business<br>1110 NORTHCASE PKWY., STE. 150<br>MARIETTA, GA 30067                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        | Mailing Address<br>1110 NORTHCASE PKWY., STE. 150<br>MARIETTA, GA 30067           |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        | 3. Mailing Address                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        | Suite, Apt. #, etc.                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        | City & State                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                | Zip                                                                               | Country                                                           |
| 4. FEI Number<br><b>58-2396080</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        | 7. Name and Address of New Registered Agent                                       |                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        | Name                                                                              |                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | Street Address (P.O. Box Number is Not Acceptable)                                |                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        | 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 _____ (NOTE: Registered Agent signature required when appointing)                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                                                                                   |                                                                   |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                   |                                                                   |
| FILE NOW WITH FEE IS \$50.00<br>Make Check Payable to Florida Department of State<br>Due By May 1, 2003                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                   |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>WOOD, LEONARD W<br>1110 NORTHCASE PKWY., STE. 150<br>MARIETTA, GA 30067 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>MANUS, VICKI B SEC/TRE<br>1110 NORTHCASE PARKWAY, STE 150<br>MARIETTA, GA 30067 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 506, Florida Statutes. |                                                                                                                        |                                                                                   |                                                                   |
| SIGNATURE: <i>Elizabeth L Glover</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        | Date: <i>4-01-03</i> 770 951-8989                                                 |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                   |                                                                   |

☐ CHECK HERE IF MAKING CHANGES

CR2003 (1002)