

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000001084

FILED
Aug 15, 2003
Secretary of State

Entity Name: GATEHOUSE MANAGER, LLC

Current Principal Place of Business:

5605 GLENRIDGE DR.
1010 ONE PREMIER PLAZA
ATLANTA, GA 30342

New Principal Place of Business:

Current Mailing Address:

5605 GLENRIDGE DR.
1010 ONE PREMIER PLAZA
ATLANTA, GA 30342

New Mailing Address:

FEI Number: 58-2622359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JACKSON, KARLTON
Address: 1010 ONE PREMIER 5605 GLENRIDGE
City-St-Zip: ATLANTA, GA 30342

Title: MGR () Delete
Name: BLEVINS, LENNY
Address: 1010 ONE PREMIER 5605 GLENRIDGE
City-St-Zip: ATLANTA, GA 30342

Title: S (X) Delete
Name: STATEN, THOM
Address: 10200 RICHMOND AVE SUITE 250
City-St-Zip: HOUSTON, TX 77042

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LENNY BLEVINS MGR 08/15/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date