

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90207 042 ****50.00

DOCUMENT # M01000001307

1. Entity Name
GATEHOUSE OWNERS LLC

Principal Place of Business C/O JMG REALTY, INC. 5605 GLENRIDGE DR., 1010 ONE PREMIER PLAZA ATLANTA GA 30342	Mailing Address C/O JMG REALTY, INC. 5605 GLENRIDGE DR., 1010 ONE PREMIER PLAZA ATLANTA GA 30342
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1010 ONE PREMIER PLAZA	3. Mailing Address 1010 ONE PREMIER PLAZA
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Suite, Apt. #, etc. 5605 GLENRIDGE DR	Suite, Apt. #, etc. 5605 GLENRIDGE DR
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City & State ATLANTA GA	City & State ATLANTA GA
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4. FEI Number 58-2628175	Applied For <input type="checkbox"/> Not Applicable
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Zip 30342	Country FULTON	Zip 30342	Country FULTON
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5. Certificate of Status Desired - <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGM	<input type="checkbox"/> Delete
NAME GATEHOUSE MANAGER, LLC	
STREET ADDRESS 1010 ONE PREMIER PLAZA	
CITY-ST-ZIP 5605 GLENRIDGE DR ATLANTA, GA 30342	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: THOM COTEN, SEC OF MGM **SIGNATURE REQUIRED** 5/1/02 1713 513-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)