2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02000000079

Address:

City-St-Zip:

1035 POWERS PLACE

ALPHARETTA, GA

Entity Name: FORMATION CAPITAL ASSET MANAGEMENT, LLC

FILED Jan 27, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	'ERS PLACE TTA, GA 3000	4		
Current Mailing Address:			New Mailing Address:	
	'ERS PLACE TTA, GA 3000	4		
FEI Number:	80-0013021	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
1200 SOU	ORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD		
	named entity s of Florida.	submits this statement for the	ourpose of changing its register	ed office or registered agent, or both
SIGNATUR	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () FISHMAN, STE 1035 POWERS ALPHARETTA,	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () LENTZ, GREGO 1035 POWERS ALPHARETTA,	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () SERTICH, CHR 1035 POWERS ALPHARETTA,	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () WHITMAN, ARN	Delete IOLD M	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER M. SERTICH MGRM 01/27/2003