

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90342 028 \*\*\*\*50.00

**DOCUMENT # M02000000928**



1. Entity Name  
**THIRTY-ONE SIXTEEN GROUP, L.L.C.**

Principal Place of Business  
**2823 HITCHCOCK MILL RUN  
MARIETTA GA 30068**

Mailing Address  
**2823 HITCHCOCK MILL RUN  
MARIETTA GA 30068**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4487 Belvedere Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**4487 Belvedere Place**  
Suite, Apt. #, etc.

City & State  
**Marietta, Georgia**  
Zip  
**30067**  
Country  
**Cobb**

City & State  
**Marietta Georgia**  
Zip  
**30067**  
Country  
**Cobb**

4. FEI Number **58-2540136**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**POWELL, RICHARD H  
92 EGLIN PARKWAY NE  
FORT WALTON BEACH FL 32548**

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CHAMPION, JAMES K  
2823 HITCHCOCK MILL RUN  
MARIETTA GA 30068** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CHAMPION, SUSAN  
2823 HITCHCOCK MILL RUN  
MARIETTA GA 30068** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: **Susan Champion**  
**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**1/8/03 770-977-9947**

CR2E083 (10/02)