

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-07-2003 90763 012 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000001299					
1. Entity Name ALTA PINES ASSOCIATES, L.L.C.					
Principal Place of Business 1110 NORTHCASE PARKWAY SUITE 150 MARIETTA, GA 30067			Mailing Address 1110 NORTHCASE PARKWAY SUITE 150 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. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2825			7. Name and Address of New Registered Agent		
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when changing.)					
					
9. MANAGING MEMBERS/MANAGERS					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐			Change ☐ Addition ☐		
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Delete ☐			Change ☐ Addition ☐		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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 906, Florida Statutes.					
SIGNATURE: <u>Elizabeth L. Glover</u> 4-01-03 770-951-8989					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

55027736



X CHECK HERE IF MAKING CHANGES

A. FEI Number 46-0482319 ☒ Applied For ☐ Not Applicable

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

CRS203 (10/02)