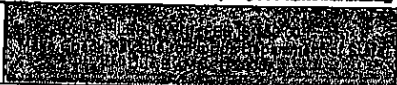


FILED
Mar 11, 2003 8:00 am
Secretary of State

02-25-2003 90083 046 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

55015427

DOCUMENT # M02000001444			
1. Entity Name PEPPERTREE APARTMENTS, LLC			
Principal Place of Business 6111 PEACHTREE DUNWOODY ROAD BUILDING F, SUITE 203 ATLANTA, GA 30328		Mailing Address 6111 PEACHTREE DUNWOODY ROAD BUILDING F, SUITE 203 ATLANTA, GA 30328	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-3687002		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-3626		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 Agents (and new registered office) must be in the State of Florida.)			
			
9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
10. DU RHONE GROUP, LTD. 6111 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328		ADDITIONS/CHANGES	
☐ 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)(i), Florida Statutes. I further certify that the information included 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 806, Florida Statutes.		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information included 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 806, Florida Statutes.	
SIGNATURE: <u>Howard A. Hamlett</u> <u>Howard H. G. Hamlett Jr.</u> <u>Aug 1/14/03</u> <u>7705120288</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			