


**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

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|---|---|--|---|
| DOCUMENT # M02000001870 1. Entity Name ALTA AT LITTLE LAKE BRYAN, L.L.C. | |  | 44001968 |
| Principal Place of Business 1110 NORTHCHASE PARKWAY SUITE 150 MARIETTA, GA 30067 | | Mailing Address 1110 NORTHCHASE PARKWAY SUITE 150 MARIETTA, GA 30067 | |
| 2. Principal Place of Business Sube, Apt. #, etc. | | 3. Mailing Address Sube, Apt. #, etc. | |
| City & State | | City & State | |
| Zip Country | | Zip Country | |
| 4. FEI Number 41-2051633 | | <input checked="" type="checkbox"/> Applied For (Not Applicable) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-3635 | | 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 _____ <small>(If parent, legal or printed name of registered agent and title is required. SHORE registered Agent must be marked when applicable.)</small> | | | |
| [Redacted Signature Area] | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR WOOD ALTA & LITTLE LAKE BRYAN, L.L.C. 1110 NORTHCHASE PARKWAY MARIETTA, GA 30067 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 606, Florida Statutes. | | | |
| SIGNATURE: <i>Elizabeth L Glover</i> | | 4-01-03 770-951-8989 | |

CPRE2003 (10/02)