

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

USE 400 2

DOCUMENT # MO2 000002628

1. Entity Name
GRAY PROPERTY 4301, LLC

01 APR -2 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**RIVERFRONT PLAZA, EAST TOWER
951 BYRD STREET, SUITE 910
RICHMOND VA 23219**

Mailing Address
**RIVERFRONT PLAZA, EAST TOWER
951 BYRD STREET, SUITE 910
RICHMOND VA 23219**

2. Principal Place of Business
5004 Monument Ave
Suite, Apt. #, etc.
Suite 200
City & State
Richmond, VA
Zip
23230 Country
USA

3. Mailing Address
5004 Monument Ave
Suite, Apt. #, etc.
Suite 200
City & State
Richmond, VA
Zip
23230 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1874892** 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**

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island
City
Plantation FL Zip Code
33324

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.

SIGNATURE *James Eldridge* *Asst. Sec* 3-30
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 Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAY HOLDINGS, LLC RIVERFRONT PLZ, E. TWR/951 BYRD ST, #910 RICHMOND VA 23219 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>managing member</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Gray Holdings, LLC</u> <u>5004 Monument Ave, Suite 200</u> <u>Richmond, VA 23230</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003959207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -04/04/01--01081--001 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (11/00)

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: *Horace A. Gray III* 3/27/01 804/359-8444
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #