

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90046 020 \*\*\*\*50.00

**DOCUMENT #** M02000003230

**1. Entity Name**

FLORIDA PARKING, LLC



10103104

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
2970 PEACHTREE ROAD

Suite, Apt. #, etc.  
SUITE 500

City & State  
ATLANTA, GA

Zip Code  
30305

Country  
USA

**3. Mailing Address**  
2970 PEACHTREE ROAD

Suite, Apt. #, etc.  
SUITE 500

City & State  
ATLANTA, GA

Zip Code  
30305

Country  
USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 72-1540995

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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IN THIS SPACE**

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

Name  
OT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
GEORGIA ANNUITY COMPANY  
2970 PEACHTREE RD. - SUITE 500  
ATLANTA, GA 30305

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
RICHARD STREET HOLDINGS L.C.  
2970 PEACHTREE RD. - SUITE 500  
ATLANTA, GA 30305

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 608, Florida Statutes.**

**SIGNATURE:**

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

Date

Daytime Phone #

CR2E083B (12/02)