

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90082 034 ****50.00

DOCUMENT # M05000001421	
1. Entity Name SOUTHEAST TOWERS, LLC	

Principal Place of Business ONE RAVINIA DRIVE NE, SUITE 1110 ATLANTA, GA 30346	Mailing Address ONE RAVINIA DRIVE NE, SUITE 1110 ATLANTA, GA 30346
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60034617



2. Principal Place of Business - No P.O. Box # 5775B Glenridge Drive	3. Mailing Address 5775B Glenridge Drive
Suite, Apt. #, etc. Suite 410	Suite, Apt. #, etc. Suite 410
City & State Atlanta GA	City & State Atlanta GA
Zip 30328	Country Fulton

03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0881411	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRK, CARRIE L 5775B GLENRIDGE DR SUITE 410 ATLANTA, GA 30328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRIE L. KIRK 5775B Glenridge Drive, Suite 410 Atlanta, GA 30328 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	3/26/07 (770)350-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #