FILED

2006 MAY -4 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M05000004075

1. Entity Name

GIPSON/HUDSON PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3575 Piedmont Rd., 15 Piedmont Center
Suite, Apt. #, etc.
Suite L-150
City & State
Atlanta, Georgia
Zip
30305
County
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
County

4. FEI Number
20-3174108
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Troy J. Perdue
Street Address (P.O. Box Number is Not Acceptable)
911 Chestnut Street
City
Clearwater
FL
Zip Code
33756

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 _____ DATE
Signature, typed or printed name of registered agent, and date are required.

FEE: $50.00
Make Check Payable to Department of State
DUE BY MAY 1st

000074673760
05/16/06--01040--009 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	John H. Gipson
STREET ADDRESS	3575 Piedmont Rd., 15 Piedmont
CITY-ST-ZIP	Suite L-150, Atlanta, GA 30305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E005B (12/04)

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: X _____ x 5/3/06 404-231-1621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #