Limited Liability Company Will Be Dissolved On Or 2nd NOTICE: After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 588.75

Name and Malling Address
of Limited Liability Company

**DOCUMENT** #<sub>M9600000113</sub>

SOUTHERN DEVELOPMENT PARTNERS, L.L.C. 11260 OLD ROSWELL ROAD ALPHARETTA GA 30201

1a. Principal Place of Business Address

1260 OLD ROSWELL ROAD ALPHARETTA GA 30201

FILED

97 AUG 29 PN 12: 00

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 04/09/1996 ĠΑ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 58-2227716 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8.75 Additional Lee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Sulte, Apt. #, etc. City Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_ (Registered Agent Accopting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MGRM MCGILL, WALTER C

1260 OLD ROSWELL ROAD

ALPHARETTA GA

MGR ERVIN, CHARLES C JR.

8515 DUNWOODY PLACE, BLDG.

ATLANTA GA

MGR PHILLIPS, CECIL 75 14TH STREET, SUITE 2820 ATLANTA GA

100002283561--4 -09/03/97---01029---004 \*\*\*\*588.75 \*\*\*\*588.75

11. I do 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 annual 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 trusteg empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Black 10, or on an attachment with an address.

SIGNATURE: