

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90003 019 \*\*\*\*55.00

**DOCUMENT # M96000000113**

1. Entity Name

**SOUTHERN DEVELOPMENT PARTNERS, L.L.C.**

Principal Place of Business

**645 HEMBREE PARKWAY  
 SUITE A  
 ROSWELL GA 30076**

Mailing Address

**645 HEMBREE PARKWAY  
 SUITE A  
 ROSWELL GA 30076**

2. Principal Place of Business

**1060 Powers Place**

Suite, Apt. #, etc.

3. Mailing Address

**1060 Powers Place**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Alpharetta, Georgia**

Zip  
**30004**

Country  
**USA**

City & State

**Alpharetta, Georgia**

Zip  
**30004**

Country  
**USA**

4. FEI Number **58-2227716**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLAGSHIP PROPERTY MANAGEMENT  
 4000 - B ST. JOHN AVENUE  
 SUITE 22  
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 LAUREN DEVELOPMENT PARTNERS LLC  
 645 HEMBREE PARKWAY, SUITE A  
 ROSWELL GA 30076** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
**1060 Powers Place  
 Alpharetta, Georgia 30004**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

**Walter C. McGill, Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Lauren Development Partners, LLC.**  
 Managing Member **9-16-02**

Date

Daytime Phone #

**678-319-0026**

CR2E083 (4/02)