

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97000000106**

1. Entity Name
RETIREMENT GROUP, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3: 06

Principal Place of Business
**6000 LAKE FORREST DR., SUITE 200
ATLANTA GA 30328**

Mailing Address
**6000 LAKE FORREST DR., SUITE 200
ATLANTA GA 30328-5902**



2. Principal Place of Business
589 Atlanta Street

3. Mailing Address
589 Atlanta Street

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Roswell, GA

City & State
Roswell, GA

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2290124** 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 S. PINE ISLAND RD.
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

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

BLT

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM BROGDON, CHRIS**
STREET ADDRESS **6000 LAKE FORREST DR., SUITE 200**
CITY-ST-ZIP **ATLANTA GA 30328**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM TUCKER, DARRELL C**
STREET ADDRESS **6000 LAKE FORREST DR., SUITE 200**
CITY-ST-ZIP **ATLANTA GA 30328**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3.13.2000

Date Daytime Phone #

CR2E083 (9/99)