

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001885 IN

DOCUMENT # M97000000826

1. Entity Name
SOUTHERN PROPERTY INVESTORS OF GEORGIA, LLC

Principal Place of Business 4320 ROSWELL ROAD, N.E. ATLANTA GA 30342	Mailing Address 4320 ROSWELL ROAD, N.E. ATLANTA GA 30342-3317
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **58-2345149** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHAW, RALPH
% SYKLINE REALTY SERVICES
601 RIVERSIDE AVE., BUILDING 2, #650
JACKSONVILLE FL 32204

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM CURRY, RONALD W 4320 ROSWELL ROAD, N.E. ATLANTA GA 30342	
MGRM HENDERSON, WILLIAM O 4320 ROSWELL ROAD, N.E. ATLANTA GA 30342	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
700003279057-1 -06/06/00--01109--012 *****50.00 *****50.00	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED Date 3/3/00 Daytime Phone # _____

FILED