

2002 UNIFORM BUSINESS REPORT (UBR)

00000000

DOCUMENT # M97000000826

1. Entity Name

SOUTHERN PROPERTY INVESTORS OF GEORGIA, LLC

FILED

02 MAY -2 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4320 ROSWELL ROAD, N.E.
ATLANTA GA 30342

Mailing Address

4320 ROSWELL ROAD, N.E.
ATLANTA GA 30342

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2345149

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 May 1, 2002

100005491411--3
-05/08/02--01025--025
******100.00 ****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William O Henderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)