

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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

2. Principal Place of Business: [Redacted]
3. Mailing Address: [Redacted]

Suite, Apt. #, etc.: [Redacted]

City & State: [Redacted]

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

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

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: [Redacted]
Street Address (P.O. Box Number is Not Acceptable): [Redacted]
City: [Redacted] FL Zip Code: [Redacted]

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: _____ DATE: _____

FILE NOW!!! FEES \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURRY, RONALD W 4320 ROSWELL ROAD, N.E. ATLANTA GA 30342 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Angela V. Curry 4320 Roswell Road Atlanta, GA 30342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSON, WILLIAM O 4320 ROSWELL ROAD, N.E. ATLANTA GA 30342 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Nancy Henderson 4320 Roswell Road Atlanta, GA 30342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(l), 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: Angela V. Curry Date: 9/19/03 404-252-3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # X11