2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000000821**

1. Entity Name

PEACHTREE FRANCHISE FINANCE, LLC

FILED

0| JAN 29 AM II: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2859 PACES FERRY ROAD. SUITE 1760 ATLANTA GA 30339	2859 PACES FERRY ROAD. SUITE 1760 ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2859 Paces Ferry Road	2859 Paces Ferry Road	
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300	
City & State Atlanta, GA	City & State Atlanta, GA	**4. FEI Number** 58-2373365
Zip 30339 Country Cobb	Zip 30339 Country Cobb	**5.** Certificate of Status Desired ☐

	Applied For
	Not Applicable

$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent

Name

C T CORPORATION SYSTEM
. 1209 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NEWMAN, PIERRETTE A		NAME	50000362411S---1	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1760		STREET ADDRESS	-02/02/01--01031--015	
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP	*****50.00 *****50.00	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEARCE, THOMAS M JR.		NAME		
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1760		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHAUGHNESSY, THOMAS J		NAME		
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1760		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X _SIGNATURE Pierrette Newman_ 1/16/01 (770)8036832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)