

2000 UNIFORM BUSINESS REPORT (UBR)

0016834 AF

DOCUMENT # M99000000391

1. Entity Name
SLD PROPERTIES (GEORGIA), LLC

FILED

00 JAN 13 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6640 POWERS FERRY ROAD, SUITE 100
ATLANTA GA 30339

Mailing Address
6640 POWERS FERRY ROAD, SUITE 100
ATLANTA GA 30339-2913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2340998

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

LOZOFF, MICHAEL
HERZFELD & RUBEN
801 BRICKELL AVE., SUITE 1501
MIAMI FL 33131

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ **Delete**
NAME LOZOFF ASSOCIATES, LLC
STREET ADDRESS 6640 POWERS FERRY ROAD, SUITE 100
CITY-ST-ZIP ATLANTA GA 30339

☐ **Change** ☐ **Addition**
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

TITLE MGRM ☐ **Delete**
NAME FCGI ASSOCIATES, LLC
STREET ADDRESS 6640 POWERS FERRY ROAD, SUITE 100
CITY-ST-ZIP ATLANTA GA 30339

☐ **Change** ☐ **Addition**
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

TITLE MGRM ☐ **Delete**
NAME CONCORD VENTURES, LLC
STREET ADDRESS 6640 POWERS FERRY ROAD, SUITE 100
CITY-ST-ZIP ATLANTA GA 30339

☐ **Change** ☐ **Addition**
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

TITLE ☐ **Delete**
NAME **STREET ADDRESS** **CITY-ST-ZIP**

☐ **Change** ☐ **Addition**
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

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

TITLE ☐ **Delete**
NAME **STREET ADDRESS** **CITY-ST-ZIP**

☐ **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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER**

Date Daytime Phone #

1/5/00 (770) 952-1500

CR2E083 (9/99)