

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M99000001095**

1. Entity Name

**SOUTHEAST REALTY PARTNERS, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

ATTN: GWEN R. FLANAGAN  
3350 RIVERWOOD PKWY SE. SUITE 1850  
ATLANTA GA 30339

Mailing Address

ATTN: GWEN R. FLANAGAN  
3350 RIVERWOOD PKWY SE. SUITE 1850  
ATLANTA GA 30339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2143504

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME GOOTRAD, HAROLD  
STREET ADDRESS 737 N. MICHIGAN AVENUE, SUITE 900  
CITY-ST-ZIP CHICAGO IL 60611

TITLE ☐ Change ☐ Addition  
NAME 900003351239-4  
STREET ADDRESS -08/09/00--01091--012  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME TOBERMAN, SCOTT K  
STREET ADDRESS 3350 RIVERWOOD PKWY SE, SUITE 1850  
CITY-ST-ZIP ATLANTA GA 30339

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Scott K. Toberman, Manager 7/27/00 770-850-3100

Date

Daytime Phone #

CR2E083 (5/00)