

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90008 030 *****50.00

DOCUMENT # M99000001095

1. Entity Name

SOUTHEAST REALTY PARTNERS, L.L.C.

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**

80039521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Attn: Sandra Adamovich

3. Mailing Address

Attn: Sandra Adamovich

Suite, Apt. #, etc.

3350 Riverwood Pkwy, S.E.

City & State

Atlanta, GA

Suite, Apt. #, etc.

3350 Riverwood Pkwy, S.E.

City & State

Atlanta, GA

4. FEI Number

58-2143504

Applied For

Not Applicable

Zip

30339

Country

USA

Zip

30339

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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.

(770) 850-3100

SIGNATURE: Scott K. Toberman REQUIRED

Scott K. Toberman, Manager 2/12/02

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

Date

Daytime Phone #

CR2E083 (9/01)