## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Secretary of State 07-06-2004 90253 007 \*\*\*\*50.00 DOCUMENT # M99000001095 SOUTHEAST REALTY PARTNERS, L.L.C. 14024838 Mailing Address Principal Place of Business ATTN: CATHLEEN O'CONNOR ATTN: CATHLEEN O'CONNOR 3350 RIVERWOOD PKWY SE, SUITE 1850 3350 RIVERWOOD PKWY SE, SUITE 1850 ATLANTA, GA 30339 ATLANTA, GA 30339 3. Mailing Address 3520 Piedmont Road 2. Principal Place of Business 3520 Piedmont Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 Chg-LLC CR2E083 (10/03) 420 420 4. FFI Number Applied For & State Atlanta 58-2143504 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired <u>us</u>A 0305 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR MGR TITI F Change TITLE ■ Addition Delete SCOTTK. TOBERMAN TOBERMAN, SCOTT K NAME NAME 3500 Piedmont Road, NE, STREET ADDRESS 3350 RIVERWOOD PKWY SE, SUITE 1850 STREET ADDRESS ATLANTA, GA 30339 CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIDE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED Jul 06, 2004 8:00 am

770-850-3100

04



July 2, 2004

## VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

**RE:** Southeast Realty Partners, LLC

Dear Sir/Madam:

Enclosed for filing with your agency is the 2004 Limited Liability Company Annual Report for Southeast Realty Partners, LLC. Please file the report with the appropriate department of your agency and update your records accordingly.

Please do not hesitate to contact us with any questions.

SOUTHEAST REALTY PARTNERS, LLC

Kareen Black

Corporate Paralegal

:kb enclosure