

2000 UNIFORM BUSINESS REPORT (UBR)

0016739 AF

DOCUMENT # M99000001387

1. Entity Name
BLUE TIGER PROPERTIES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 10 AM 9:30

Principal Place of Business
3343 PEACHTREE ROAD N.E., SUITE 1600
ATLANTA GA 30326

Mailing Address
3343 PEACHTREE ROAD N.E., SUITE 1600
ATLANTA GA 30326-1429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3597271 **APPLIED FOR**

Applied For
Not Applicable

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORRIS, FLYNN D JR. 475 BLUE MOUNTAIN BEACH DRIVE SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300003144373--9 -02/23/00--01034--025 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mf 2/22/00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **FLYNN D. MORRIS, JR.** **850-267-2458**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)