Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

2999 PIEDMONT ROAD. 2ND FLOOR ATLANTA GA 30005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & S	DOCUMENT # M9900001633 1. Entity Name STEMBLER MANAGEMENT COMPANY, LLC					FILED OI MAR -5 PM 1:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Sire Country Sire Country Country Sire Country	2999 PIEDMONT ROAD. 2ND FLOOR 2999 PIEDMONT ROAD. 2ND FLOOR					TALLAHASSEE, FLORIDA	•		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	Place of Business	3. Mailing Address						
City & State City & State City & State City & State Country Zip Country Zip Country Sic Certificate of Status Desired Sic Certificate of Status Desired Sic Certificate of Status Desired Sic Certificate of Status Desired Read Required To Name and Address of New Registered Agent To Name									
Zip Country	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Zip Country Zip Country Sp. Country Sp. Country Sp. Certificate of Status Desired Sp. Sp. OD Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, speed or printed name of registered agent are of see if applicable. (NOTE Registered Agent agent when reinstating) DATE FILE NOW!!! FEE IS \$5.0.00 Make Check Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE NAME STEMBLER, JOHN H STEMBLER, JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	City & Stat	e .	City & State		4.	FEI Number 58-2470471	F-+	plied For ot Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Gignature Signature Signatur	Zip .	Country	Zip	Country	5.		\$5.00 Add	fitional	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City	· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	t Registered Agent		7.				
Street Address (P.O. Box Number is Not Acceptable)	C T COD	DODATION SYSTEM		Name	Name				
City FL Zip Code B. 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 Gradure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstating) DATE				Street	Street Address (P.O. Box Number is Not Acceptable)				
B. 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 Signat	PLANTATI				· -				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MGRM	·				City FL Zip Code				
TITLE NAME STEMBLER, JOHN H 309 PEACHTREE BATTLE AVENUE, NW ATLANTA GA 30305 TITLE MGRM STREET ADDRESS CITY-ST-ZIP TITLE MGRM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE			Make Check Pay	able to Depai	•				
STEMBLER, JOHN H 309 PEACHTREE BATTLE AVENUE, NW ATLANTA GA 30305 ITITLE MGRM STEMBLER, JOHN H 977 CARTER DRIVE, NE ATLANTA GA 30319 TITLE MGRM STEMBLER, WILLIAM J STEMBLER, WILLIAM S				· · · · · · · · · · · · · · · · · · ·	T	ADDITIONS/CHANGES		Addition	
NAME STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30319 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30319 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET	NAME STREET ADDRESS	STEMBLER, JOHN H 309 PEACHTREE BATTLE AVEN		NAME STREET ADDRESS			Change	Addition	
TITLE MGRM STEMBLER, WILLIAM J NAME STREET ADDRESS STLAND ROAD STREET ADDRESS STREET ADDRESS ST. THOMAS ISLAN GA 31522 CITY-ST-ZIP TITLE Delete TITLE NAME Delete TITLE NAME	NAME Street address	STEMBLER, JOHN H 977 CARTER DRIVE, NE		NAME Street Address			7 995	Addition E3 -[1]3 #50-00	
NAME NAME	NAME STREET ADDRESS	STEMBLER, WILLIAM J 500 SEA ISLAND ROAD	☐ Delete	NAME STREET ADDRESS		***************************************		Addition	
CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADORESS			☐ Change	Addition	
TITLE TITLE TITLE TITLE TITLE TO Change A NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE THE CHANGE AND CHANGE TITLE CITY-ST-ZIP	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
Delete 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption does not qualify for the ex	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				Addition	

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