## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096383

Entity Name: GAINESVILLE PLACE MANAGER, INC.

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2800 SW 35TH PLACE, STE, 50 GAINESVILLE, FL 326082718

**Current Mailing Address: New Mailing Address:** 

101 MARIETTA STREET, NW **SUITE 1050** ATLANTA, GA 30303

C/O PLACE PROPERTIES, 3445 PEACHTREE RD. SUITE 1400, TWO LIVE OAK ATLANTA, GA 30326

FEI Number: 59-3749446 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FALKS, DEWANA MGR GAINESVILLE PLACE 2800 SW 35TH PLACE, STE. 50 GAINESVILLE, FL 326082718 US

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title:

(X) Change ( ) Addition PHILLIPS, CECIL M PHILLIPS, CECIL M Name: Name:

101 MARIETTA STREET, NW, STE 1050 Address: 3445 PEACHTREE ROAD, SUITE 1400 Address:

City-St-Zip: ATLANTA, GA 30303 City-St-Zip: ATLANTA, GA 30326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL M. PHILLIPS **PRES** 04/29/2005