2002 UNIFORM BUSINESS REPORT (UBR)

TITLE MAME MEYER, KLAUS STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TORRESS CITY-ST-ZIP TITLE TITLE TORRESS CITY-ST-ZIP TITLE TITLE TORRESS CITY-ST-ZIP TITLE TITLE TITLE TORRESS CITY-ST-ZIP TITLE TITLE TITLE TORRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TORRESS CITY-ST-ZIP TITLE TITLE TITLE TORRESS CITY-ST-ZIP TITLE T	1. Entity Nan	MENT # P2387 LE INVESTMENT COMPANY				Jan 29, 2 Secreta 01-29-2002 9	002 8:0 ry of S1	tate
Second Property	% J.T. MORGAN. S161 TURNER LAKE RD COVINGTON GA 30014							
COUNTY AS A COUNTY A SO LESS A SO 1443465 Set Additional Page 16 Se	US 2. Principal Place of Business 3. Mailing Address 8238 FAIRWAY DIC: 8238 FAIRWA				DR.			
6. Name and Address of Current Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name	1			, GA.	4.	FO 444040F		
LANGSTON, STEPHANIE 884 GARDENIA DRIVE WEST PALM BEACH FL 33411 City FL Zip Code		4 USA	30014	Country 5 /	5.	Certificate of Status Desired		
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 is peak of parason came of impleased agent and title if applicable OCPE Registered Agent agenture at agenture at a parason sharing requirement and elects to do so.		6. Name and Address of Current F	Registered Agent	Name	7.	Name and Address of New Reg	istered Agent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE Signature 9. This cooperation is eligible to satisfy its Intanginic Tax filting requirement and elects to do so. (See criteria on back) 10. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 III E WORK STORM AND	864 GARDENIA DRIVE			Street	Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elicits to do so. After May 1, 2002 Fee will be \$550.00 TITLE WARE ANAME ALEXANDER, JAMES B. TITLE Dede TITLE Dede TITLE MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRE	WEST PA	LM BEACH FL 33411		City			FL Zip Coo	de
Systems, byte or primare name or regulators agent and the if applicable in the interpretable (note: Incorporation is aligible to satisfy its intangicle Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00		named entity submits this statement for	the purpose of changing its r	registered office	or registered a	gent, or both, in the State of Floric	da.	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD MANE STRETADRESS 2207 HAMBURG GE CITY-ST-2P 22587 HAMBURG GE CITY-ST-2P 22587 HAMBURG GE CITY-ST-2P 22587 HAMBURG GE CITY-ST-2P COVINGTON GA 30014 TITLE NAME STREET ADDRESS CITY-ST-2P TI	SIGNATURE	Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE:	Registered Agent signa	ature required when	reinstating)	DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OVINGTON GA 30014 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Dele	Tax filing requirement and elects to do so. After May 1, 2002 F			2 Fee will be \$	550.00	1	_ 	
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ALEXANDER, JAMES B. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE	NAME STREET ADDRESS	Morgan, J.T. 6161 Turner Lake RD	L) beiete	NAME Street Address	8238	FAIRWAY DR	_ •	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	SOVINGION WOODIN	☐ Delete	NAME STREET ADDRESS		·*···	☐ Change	☐ Addition
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SIGNATURE: 1-12-02 10786-5201 SIGNATURE AND TYPED OR PRINTED MARKET SONING OFFICER OR DIRECTOR Date Date Date Date Date Description #	of the cor- changed,	on this report or supplemental report is treportation or the receiver or trustee empow or on an attachment with an address, wi	rue and accurate and that my vered to execute this report a th all other like empowered.	y signature shall I s required by Ch	have the same	legal effect as if made under oath ida Statutes; and that my name ap	n; that I am an office opears in Block 11 o	r or director or Block 12 if