

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000169

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** ARIEL DUNES, L.L.C.

**Current Principal Place of Business:**

348 ENTERPRISE DR  
VALDOSTA, GA 31601

**New Principal Place of Business:**

**Current Mailing Address:**

348 ENTERPRISE DR  
VALDOSTA, GA 31601

**New Mailing Address:**

FEI Number: 20-0551792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARD, LORI ELLEN ESQ  
MATTHEWS & HAWKINS, P.A.  
4475 LEGENDARY DR  
DESTIN, FL 32541 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JONES, C. WAYNE  
Address: 184 TWELVE OAKS LAND  
City-St-Zip: FREEPORT, FL 32439

Title: MGR ( ) Delete  
Name: HOLMES, R. RYAN  
Address: 348 ENTERPRISE DR  
City-St-Zip: VALDOSTA, GA 31601

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 is true and accurate and that my electronic 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: CYNAMON WILLIS

CFO

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date