


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 30 AM 9:51

|  |  |   |  |  |                                      |
|--|--|---|--|--|--------------------------------------|
| <b>DOCUMENT # L04000031225</b><br>1. Entity Name<br><b>AERIE HOLDINGS, LLC</b>   |  |   |  |   |                                      |
| Principal Place of Business<br><b>2915 KERRY FOREST PKWY., SUITE 102<br/>TALLAHASSEE, FL <del>32312</del></b>  |  | Mailing Address<br><b>2915 KERRY FOREST PKWY., SUITE 102<br/>TALLAHASSEE, FL <del>32312</del></b>   |  |  |                                      |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  | 06272006 Chg-LLC CR2E083 (11/05)   |                                      |
| 4. FEI Number<br><b>59-3201951</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |                                      |
| 6. Name and Address of Current Registered Agent<br><br><b>HARTSFIELD, ROBERT P<br/>2915 KERRY FOREST PKWY., SUITE 102<br/>TALLAHASSEE, FL <del>32312</del></b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code <b>32309</b> |  |  |                                      |
| 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. I am familiar with, and accept the obligations of registered agent.  |  |   |  |  |                                      |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |  |                                      |
| <b>Amended AR is \$50.00</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |                                      |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |  |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HARTSFIELD, ROBERT P<br>2915 KERRY FOREST PKWY., SUITE 102<br>TALLAHASSEE, FL <del>32312</del> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>32309</b>   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HOBBS, ROGER K<br>2915 KERRY FOREST PKWY., SUITE 102<br>TALLAHASSEE, FL 32312                  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>MRAH<br/>RK DEVELOPMENT OF TALLAHASSEE, INC.<br/>3823 EAST MILLERS BRIDGE RD.<br/>TALLAHASSEE, FL 32312</b> |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>07/07/06--01054--015 **100.00 |  |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |                                      |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> <b>PROVIDENT</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   | Date: <b>6-27-06</b>   |  | Daytime Phone #: <b>850-933-2555</b> |