2004 LIMITED LIABILITY COMPANY

Secretary of State ANNUAL REPORT 07-28-2004 90099 023 ****50.00 DOCUMENT # M99000000873 CHIPJAX, LLC Principal Place of Business Mailing Address 14026978 1945 THE EXCHANGE, SUITE 400 1945 THE EXCHANGE, SUITE 400 ATLANTA, GA 30339 ATLANTA, GA 30339 07072004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2429982 Not Applicable \$5.00 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE ABRAMS PROPERTIES, INC. 1945 THE EXCHANGE, SUITE 400 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30339 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE

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 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.

President of Abrams Properties, Inc., Manager 7-9-04

ING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

FILED Jul 28, 2004 8:00 am