

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-22-2005 90183 026 ****50.00

DOCUMENT # L04000072976 1. Entity Name AU PARKWAY, L.L.C.																															
Principal Place of Business 11130 STATE BRIDGE ROAD 1000 Mansell SUITE D-201 Exchange West B200 ALPHARETTA, GA 30022 S 010		Mailing Address 11130 STATE BRIDGE ROAD 1000 Mansell SUITE D-201 ALPHARETTA, GA 30022																													
2. Principal Place of Business 1000 Mansell Exchange W		3. Mailing Address Same																													
Suite, Apt. #, etc. S 210 B-200		Suite, Apt. #, etc. Same																													
City & State Alpharetta GA		City & State Alpharetta GA																													
Zip 30022		Zip 30022																													
Country USA		Country USA																													
4. FEI Number 20-1720421		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01112005 Chg-LLC CR2E083 (10/03)																													
6. Name and Address of Current Registered Agent BEITLICH, PAUL D 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 renewing) DATE _____																															
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>MGRM BRIDGES, JAMES E</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11130 STATE BRIDGE ROAD, SUITE D-201</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ALPHARETTA, GA 30022</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	MGRM BRIDGES, JAMES E	☐	STREET ADDRESS	11130 STATE BRIDGE ROAD, SUITE D-201		CITY- ST- ZIP	ALPHARETTA, GA 30022		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td>1000 Mansell Exchange West B200 S 010</td> <td style="text-align: center;">☒</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ALPHARETTA GA 30022</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME	1000 Mansell Exchange West B200 S 010	☒	☐	STREET ADDRESS	ALPHARETTA GA 30022			CITY- ST- ZIP			
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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.																															
SIGNATURE: <u>James E. Bridges</u> 3/16/2005 678-297-0909 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																															