


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90140 027 \*\*\*\*50.00

<b>DOCUMENT # L04000072976</b> 1. Entity Name AU PARKWAY, L.L.C.	
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Principal Place of Business 1000 MANSELL ENXHANGE W, STE 210 B200 ALPHARETTA, GA 30022	Mailing Address 1000 MANSELL ENXHANGE W, STE 210 B200 ALPHARETTA, GA 30022
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**DO NOT WRITE IN THIS SPACE**



02102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1720421	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

BEITLICH, PAUL D  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIDGES, JAMES E 1000 MANSELL EXCHANGE W S210 B200 ALPHARETTA, GA 30022
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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:** *James E. Bridges*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2/14/06* *678-297-0909*  
Date Daytime Phone #

*James E Bridges*