2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072976

1. Entity Name AU PARKWAY, L.L.C.



FILED Feb 14, 2007 08:00 AM Secretary of State

CR2E083 (11/05)

Fee Required

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



DO NOT WRITE IN THIS SPACE

O1122007 No Chg-LLC

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

SARASOTA, FL 34237		IN ITH	IN ITIS SPACE	
	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title 4 applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
F D	iling Fee is \$50.00 tue by May 1, 2007			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM BRIDGES, JAMES E 1000 MANSELL EXCHANGE W S210 B200 ALPHARETTA, GA 30022			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		02,	000000635112 /23/07-80001-013 50.00	
NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	T WRITE	
TRILE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		and the second s	8	

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: <u>ド</u>ロ

STREET ADDRESS CITY-ST-ZIP

Kathy Smith

KATHY Smith

2/6/07

678-297-0909

Daytime Phone