


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90369 011 ****50.00

DOCUMENT # L05000107328

1. Entity Name
 6611 FLAGLER DRIVE, LLC



Principal Place of Business
 3540 FOREST HILL BLVD., SUITE 203
 WEST PALM BEACH, FL 33406

Mailing Address
 3540 FOREST HILL BLVD., SUITE 203
 WEST PALM BEACH, FL 33406

2. Principal Place of Business - No P.O. Box #
 450 Northridge Parkway
 Suite, Apt. #, etc.
 Suite 300

3. Mailing Address
 450 Northridge Parkway
 Suite, Apt. #, etc.
 Suite 300

City & State
 Atlanta, GA


City & State
 Atlanta, GA

Zip
 30350

Country
 USA

Zip
 30350

Country
 USA



03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-3734129

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMOUR, ALAN I II
 1645 PALM BEACH LAKES BLVD., SUITE 1200
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
 Larry Alexander

Street Address (P.O. Box Number is Not Acceptable)
 Jones Foster Johnston & Stubbs, P.A.

Flagler Center Tower, Ste 1100, 505 S. Flagler Dr.

City
 West Palm Beach

State
 FL

Zip Code
 33401

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  DATE 4-19-07

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 May 1, 2007

Make check payable to Florida Department of State

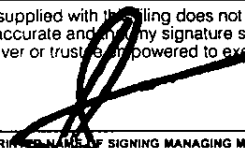
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HEATON, GEORGE W 2655 NORTH OCEAN BLVD #310 SINGER ISLAND, FL 33404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Roberts, Charles S 450 Northridge Pkwy, Ste. 300 Atlanta, GA 30350	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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, or empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 4/16/07 DAYTIME PHONE # 770 394 6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE