


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000107328

1. Entity Name
 6611 FLAGLER DRIVE, LLC



Principal Place of Business 450 NORTHRIDGE PKWY SUITE 300 ATLANTA, GA 30350	Mailing Address 450 NORTHRIDGE PKWY SUITE 300 ATLANTA, GA 30350
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02012008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3734129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, LARRY
 JONESFOSTER JOHNSTON&STUBBS,PA
 505 SOUTH FLAGLER DR SUITE 1100
 WEST PALM BEACH, FL 33401

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, CHARLES S 450 NORTHRIDGE PKWY SUITE 300 ATLANTA, GA 30350
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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 employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  *Charles S Roberts* Date: *2/14/08* Daytime Phone # _____

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