2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000329

1. Entity Name
PUTNAM CENTER - INTERLACHEN, LLC

Principal Place of Business	Mailing Address
1900 THE EXCHANGE 180 ATLANTA, GA 30339	1900 THE EXCHANGE 180 ATLANTA, GA 30339

DO NOT WRITE IN THIS SPACE

30007452

02222007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-0979894	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BATTILLO, WILLIAM S
23318 OAK PRAIRIE CIRCLE
SORRENTO, FL 32276

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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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	O'NEILL, TIMOTHY
STREET ADDRESS	1900 THE EXCHANGE, SUITE 180
CITY-ST-ZIP	ATLANTA, GA 30339

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/26/07   770-955-8117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #