


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000001287</b> 1. Entity Name <b>PUTNAM CENTER - CRESCENT, LLC</b>	
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Principal Place of Business <b>1900 THE EXCHANGE 180 ATLANTA, GA 30339</b>	Mailing Address <b>1900 THE EXCHANGE STE. 180 ATLANTA, GA 30339</b>
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**DO NOT WRITE IN THIS SPACE**



02112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>65-0979897</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**BATTILLO, WILLIAM S  
23318 OAK PRAIRIE CIRCLE  
SORRENTO, FL 32276**

**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.

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

U00000900923  
04/29/08-80046-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEILL, TIMOTHY J JR 1900 THE EXCHANGE #180 ATLANTA, GA 30339
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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: *Kim Palayane* 4/10/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #