2005 LIMITED LIABILITY COMPANY

-	ANNUAL	REPORT	AIII						
DOCU 1. Entity Nam PALMER				$\bigcap_{1}$	OS JUL TALLAHAS	12 AM	D 10: 25		
Principal Plac 3883 ROGER DULUTH, GA	RS BRIDGE ROAD, SUITE 703	ROAD, SUITE 70	)3	1 5M			TATE RIOA		
	rlace of Business KEFIELD COURT #, etc.	3. Mailing Address 3935 LAKEFIELD COURT Suite, Apt. #, etc.			07062005	Chg-LLC	CR2E083	(10/03)	
City & State		SUWANEE, GA			4. FEI Numb 65-099		e terre de la companya de la company	_ <del>                                    </del>	plied For t Applicable
Zip 30024	Country USA	Zip 30024	Country USA	4		of Status Desired	□ Fe	5.00 Addi e Required	
	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
	P. JR. SEAVIEW CIRCLE Y, FL 33050	Street	Street Address (P.O. Box Number is Not Acceptable)						
				y FL Zip Code					
	named entity submits this statement for	registered office	or registere	d agent, or bo	oth, in the State of Flo		niliar with, a	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)  OATE									
Fil Due t	ling Fee is \$50.00 by September 7, 2005					e check pay a Departmer		•	
9.	MANAGING MEMB	ERS/MANAGERS	10.	MODA		ADDITIONS			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOLLY, H. P. JR. 3883 ROGERS BRIDGE ROAD. DULUTH, GA 30097	☐ Delete . SUITE 703	TITLE NAME STREET ADDRES CITY-ST-ZIP	s 3935	У, Н.Р.	ELD COURT	[	X Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete TITL JOLLY, WARREN S NAM 3883 ROGERS BRIDGE ROAD, SUITE 703 SIR DULUTH, GA 30097 CID			MGRM JOLI \$ 3935	MGRM - Addition JOLLY, WARREN S 3935 LAKEFIELD COURT SUWANEE, GA 30024				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bozom, ox soco	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			100057 14/050106	477 <sup>2</sup> 7001	##5D.	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				Change	☐ Addition
11. I hereby indicated limited lia	certify that the information supplied wi don this report is true and acceptate an ability company or the receiver or trust	th this filing does not qualify fo d that my signature shall have se empowered to execute this	r the exemption s the same legal e report as require	stated in Sec ffect as if mand by Chapte	ation 119.07(3 ade under oat er 608, Florida	)(i), Florida Statutes. h; that I am a mana Statutes.	i further certif ging member	y that the ir or manage	nformation of the
SIGNAT	TURE:	OF SIGNING MANAGING MEMBER, MA	NAGER, OR AUTHORI	ZED REPRESE	TATIVE	Date	Dav	time Phone #	