2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L00000004915

Entity Name: EAST FIFTONE PARTNERS, LLC

Current Principal Place of Business:

735 BROAD STREET
SUITE 1108
CHATTANOOGA, TN 37402

New Principal Place of Business:

Current Mailing Address:

735 BROAD STREET
SUITE 1108
CHATTANOOGA, TN 37402

New Mailing Address:

FEI Number: 58-2549036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DAVENPORT, JOSEPH H III
Address: 735 BROAD ST., SUITE 1108
City-St-Zip: CHATTANOOGA, TN 37402

Title: MGR ( ) Delete
Name: MCKENZIE, W. THORPE
Address: 735 BROAD ST., SUITE 1108
City-St-Zip: CHATTANOOGA, TN 37402

Title: MGR ( ) Delete
Name: MITCHELL, EMMETT III
Address: 350 OLD BOSTON RD
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: W. THORPE MCKENZIE MGR 04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date