2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0000006011

1. Entity Name

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GEORGIAN INVESTORS, LLC



Principal Place of Business

4230 ORCHARD LAKE ROAD ORCHARD LAKE, MI 48323 Mailing Address

4230 ORCHARD LAKE ROAD ORCHARD LAKE, MI 48323

FILED Apr 20, 2004 8:00 am Secretary of State

04-20-2004 90182 024 ****50.00



04072004 No Chg-LLC

CR2E083 (10/03) - .

4. FEI Number 38-3564904 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	named entity submits this statement for the purpose of changing the purpose of	ing its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50:00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS	ACAL AREA TO BE AND A STATE OF	
TITLE	MGRM		
NAME	LESTER, MATTHEW B		
STREET ADDRESS	4230 ORCHARD LAKE RD		
CITY-ST-ZIP	ORCHARD LAKE, MI 48323		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		
TITLE			Karangan Bermanan Berangan Berang
NAME	·		
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CITY-ST-ZIP			
TITLE			
NAME	,		
STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marcher & Resta

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

Date

Daytime Phone #