




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90082 030 ****55.00

DOCUMENT # L01000002812 1. Entity Name THE LODGE, LLC			
Principal Place of Business 6250 SHILOH ROAD, SUITE 110 ALPHARETTA, GA 30005		Mailing Address 6250 SHILOH ROAD, SUITE 110 ALPHARETTA, GA 30005	
2. Principal Place of Business 2550 Northwinds Pkwy Suite, Apt. #, etc. Suite 160 City & State Alpharetta, GA Zip 30004		3. Mailing Address 2550 Northwinds Pkwy Suite, Apt. #, etc. Suite 160 City & State Alpharetta, GA Zip 30004	
			
		07192006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 58-2613744	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTIN, CHARLES A 413 WILLIAMS AVENUE PORT ST. JOE, FL 32456		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, JESSE C	NAME	
STREET ADDRESS	6250 SHILOH ROAD, SUITE 110	STREET ADDRESS	2550 Northwinds Pkwy, Ste 160
CITY-ST-ZIP	ALPHARETTA, GA 30005	CITY-ST-ZIP	Alpharetta, GA 30004
TITLE	MGRM	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNING, BRAD	NAME	
STREET ADDRESS	6250 SHILOH ROAD, SUITE 110	STREET ADDRESS	2550 Northwinds Pkwy, Ste 160
CITY-ST-ZIP	ALPHARETTA, GA 30005	CITY-ST-ZIP	Alpharetta, GA 30004
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		7/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	