

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004229

FILED
Feb 07, 2008
Secretary of State

Entity Name: THE ORIGINAL ATLANTIS DEVELOPMENT LLC

Current Principal Place of Business:

125 PARC DU CHATEAU COURT
ATLANTA, GA 30327

New Principal Place of Business:

Current Mailing Address:

C/O JEFFREY D. CUNNINGHAM
1545 PEACHTREE STREET N.E., STE. 700
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 45-1106773 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: CALLAWAY, FRANK
Address: 14 BALL MILL PLACE
City-St-Zip: ATLANTA, GA 30350

Title: MGRM () Delete
Name: CALLAWAY, SUZANNE
Address: 14 BALL MILL PLACE
City-St-Zip: ATLANTA, GA 30350

Title: MGRM () Delete
Name: BAILEY, PATE JR.
Address: 125 PARC DU CHATEAU COURT
City-St-Zip: ATLANTA, GA 30327

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 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: FRANK F. CALLAWAY

MGMR

02/07/2008

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