


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90009 005 \*\*\*\*50.00

<b>DOCUMENT # L01000013321</b> 1. Entity Name <b>GEORGIA'S, LLC</b>	
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Principal Place of Business <b>10571 STRINGFELLOW BOKEELIA, FL 33922 US</b>	Mailing Address <b>11700 SAN RAFAEL N.E. ALBUQUERQUE, NM 87122 US</b>
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44045040



**DO NOT WRITE IN THIS SPACE**

04132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <del>65-1420342</del> <b>65-1128392</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

HAGAN, SAMUEL J IV, ESQ  
2320 FIRST STREET  
FT. MYERS, FL 33901

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STORRS, KATHLEEN C 11700 SAN RAFAEL NE ALBUQUERQUE, NM 87122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STORRS, BRUCE B 11700 SAN RAFAEL NE ALBUQUERQUE, NM 87122
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**DO NOT WRITE  
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/04 847-398-2416