2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2007
Secretary of State

DOCUMENT# L02000004977

Entity Name: ADDISON PLACE, LLC

Current Principal Place of Business:

2002 SUMMIT BOULEVARD
SUITE 1000
ATLANTA, GA 30319 US

New Principal Place of Business:

Current Mailing Address:

2002 SUMMIT BOULEVARD
SUITE 1000
ATLANTA, GA 30319 US

New Mailing Address:

FEI Number: 13-4208008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REA, WILLIAM J JR
120 OSPREY POINT DRIVE
OSPREY, FL 34229 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: NANTAHALA, ADDISON L, LC
Address: 2002 SUMMIT BOULEVARD, SUITE 1000
City-St-Zip: ATLANTA, GA 30319 US

Title: MGR ( ) Delete
Name: REA COMPANIES, INC.,
Address: 2002 SUMMIT BOULEVARD, SUITE 1000
City-St-Zip: ATLANTA, GA 30319 US

ADDITIONS/CHANGES:

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: WILLIAM J. REA, JR. MGRM 06/14/2007

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