

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000005445**

**1. Entity Name**  
**DELAND VEST, LLC**



**Principal Place of Business**

**6111 PEACHTREE DUNWOODY RD, STE B-102  
ATLANTA, GA 30328-4577**

**Mailing Address**

**6111 PEACHTREE DUNWOODY RD, STE B-102  
ATLANTA, GA 30328-4577**



03192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**04-3608817**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM  
**NAME** COLLINS, WILLIAM R JR  
**STREET ADDRESS** 6111 PEACHTREE DUNWOODY RD STE 102B  
**CITY- ST- ZIP** ATLANTA, GA 30328

**TITLE** MGRM  
**NAME** BULLINGTON, STANLEY R  
**STREET ADDRESS** 8965 ETCHING OVERLOOK  
**CITY- ST- ZIP** DULUTH, GA 30136

**TITLE**  
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**STREET ADDRESS**  
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**CITY- ST- ZIP**

0000000101009  
04/02/04-80032-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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

**3-31-04**

Date

**770-391-1993**

Daytime Phone #