

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022885

FILED
Jan 24, 2005
Secretary of State

Entity Name: TERRELL/STRICKLAND, LLC

Current Principal Place of Business:

430 PRIME POINT, SUITE 103
C/O HISTORICAL CONCEPTS
PEACHTREE CITY, GA 30269 US

New Principal Place of Business:

Current Mailing Address:

430 PRIME POINT, SUITE 103
C/O HISTORICAL CONCEPTS
PEACHTREE CITY, GA 30269 US

New Mailing Address:

FEI Number: 54-2072972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, WILLIAM S JR.
50 NORTH LAURA STREET
SUITE 2200, BANK OF AMERICA TOWER
JACKSONVILLE, FL 32202 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/MEMBERS:

Title: MGR () Delete
Name: TERRELL, JOSEPH H
Address: 430 PRIME POINT, SUITE 103
City-St-Zip: PEACHTREE CITY, GA 30269

Title: MGR () Delete
Name: STRICKLAND, JOHNSTON T
Address: 430 PRIME POINT, SUITE 103
City-St-Zip: PEACHTREE CITY, GA 30269

Title: MGR () Delete
Name: STRICKLAND, JAMES L
Address: 430 PRIME POINT, SUITE 103
City-St-Zip: PEACHTREE CITY, GA 30269

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 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 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: L. PENNYWITT

MS.

01/24/2005

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