


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90051 001 ***350.00

DOCUMENT # L03000009964	
1. Entity Name RED RIVER, L.L.C.	

Principal Place of Business 924 GAINESVILLE HIGHWAY SUITE 120 BUFORD, GA 30518	Mailing Address 924 GAINESVILLE HIGHWAY SUITE 120 BUFORD, GA 30518
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30007254



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0780407	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MACK, WENDY L 5800 LAKEWOOD RANCH BLVD SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name <u>OT Corporation Sgskm</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Rd.</u> City <u>Plantation</u> FL Zip Code <u>33324</u>	
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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 Joan Bolden **JOAN BOLDEN** 4/17/06
Signature, typed or printed name of registered agent and title if applicable ASSISTANT SECRETARY DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOOLEY, TERRY W 924 GAINESVILLE HIGHWAY SUITE 120 BUFORD, GA 30518 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Terry W. Dooley **Terry W. Dooley** 4-24-06 (678) 318-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #