


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90285 023 \*\*\*\*50.00

DOCUMENT # L03000020784					
<b>1. Entity Name</b> 848 WESTERN LAKE DRIVE, LLC					
<b>Principal Place of Business</b> 3763 ROGERS BRIDGE RD. DULUTH, GA 30097			<b>Mailing Address</b> 3763 ROGERS BRIDGE RD. DULUTH, GA 30097		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 540 Woodland Cir.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Dawsonville, GA		<b>4. FEI Number</b> 80-0068460	
Zip		Country		Applied For Not Applicable	
30534		U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM Marie E. Harvey 540 Woodland Circle Dawsonville, GA 30534		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Marie E. Harvey</i>			2-11-04 706.216.6440		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Marie E. Harvey			Date Daytime Phone #		

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