

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90038 005 \*\*\*\*50.00

<b>DOCUMENT # L03000035993</b>					
<b>1. Entity Name</b> AMAR PLACE BUILDING, LLC					
<b>Principal Place of Business</b> 924 GAINESVILLE HIGHWAY SUITE 120 BUFORD, GA 30518			<b>Mailing Address</b> 924 GAINESVILLE HIGHWAY SUITE 120 BUFORD, GA 30518		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07062006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 43-2027927				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MACK, WENDY L 5800 LAKEWOOD RANCH BOULEVARD SUITE 120 SARASOTA, FL 34240			Name CT Corporation System		
			Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.		
			City Plantation		
			FL    Zip Code 33324		
<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 <u>Dale W. Morris</u>		<b>DALE W. MORRIS</b> ASSISTANT VICE PRESIDENT		7/7/06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOOLEY, TERRY W 924 GAINESVILLE HIGHWAY SUITE 120 BUFORD, GA 30518		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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Dale W. Morris</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					