

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044581

Entity Name: JAKE'S RETREAT, LLC

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

ELEVEN PIEDMONT CENTER, SUITE 900
3495 PIEDMONT ROAD, N.E.
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

ELEVEN PIEDMONT CENTER, SUITE 900
3495 PIEDMONT ROAD, N.E.
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 20-0392764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOWAY, JEFF
1736 EAST GULF BEACH DRIVE
ST. GEORGE ISLAND, FL 32328 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: GAYNES, BRUCE H
Address: 3495 PIEDMONT RD. BLDG 11, #900
City-St-Zip: ATLANTA, GA 30305

Title: MGR () Delete
Name: GAYNES, SHELLEY S
Address: 3495 PIEDMONT RD. BLDG 11, #900
City-St-Zip: ATLANTA, GA 30305

Title: MGR () Delete
Name: MILLER, NANCY L
Address: 1801 PIEDMONT ROAD
City-St-Zip: ATLANTA, GA 30324

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: BRUCE H. GAYNES, ESQ.

MGR

04/13/2005

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