

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000044581**



1. Entity Name  
**JAKE'S RETREAT, LLC**

Principal Place of Business

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

Mailing Address

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



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-0392764**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GALLOWAY, JEFF  
1736 EAST GULF BEACH DRIVE  
ST. GEORGE ISLAND, FL 32328**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000776306  
01/09/08-80019-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GAYNES, BRUCE H  
3495 PIEDMONT RD. BLDG 11, #900  
ATLANTA, GA 30305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GAYNES, SHELLEY S  
3495 PIEDMONT RD. BLDG 11, #900  
ATLANTA, GA 30305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MILLER, NANCY L  
1801 PIEDMONT ROAD  
ATLANTA, GA 30324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/7/08

404/237-4100