


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051615	
1. Entity Name FLORIDA CITY VEST, LLC	

Principal Place of Business 6111 PEACHTREE DUNWOODY ROAD, STE B-102 ATLANTA, GA 30328-4577	Mailing Address 6111 PEACHTREE DUNWOODY ROAD, STE B-102 ATLANTA, GA 30328-4577
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04212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0469258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, WILLIAM R JR. 6111 PEACHTREE DUNWOODY RD STE 102B ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLINGTON, STAN R 6111 PEACHTREE DUNWOODY RD STE 102B ATLANTA, GA 30328
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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.

SIGNATURE:  **4/27/05 770-391-1993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #