

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2005 8:00 am
Secretary of State

04-29-2005 90039 011 ****50.00

DOCUMENT # L04000003188 1. Entity Name FLORIDIAN VEST, LLC					
Principal Place of Business 6111 PEACHTREE DUNWOODY ROAD, SUITE B-102 ATLANTA, GA 30328-4577			Mailing Address 6111 PEACHTREE DUNWOODY ROAD, SUITE B-102 ATLANTA, GA 30328-4577		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04212005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-0590932 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Bullington	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Bullington, Stanley R. 6111 Peachtree Dunwoody Rd Ste B-102 Atlanta, GA 30328	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Collins, William R. Jr. 6111 Peachtree Dunwoody Rd Ste B-102 Atlanta, GA 30328	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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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:			4/28/05 770-391-1993		
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					