

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000003188**

1. Entity Name  
**FLORIDIAN VEST, LLC**



Principal Place of Business  
**6111 PEACHTREE DUNWOODY ROAD  
SUITE B-102  
ATLANTA, GA 30328-4577 US**

Mailing Address  
**6111 PEACHTREE DUNWOODY ROAD  
SUITE B-102  
ATLANTA, GA 30328-4577 US**



04262006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 re-registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BULLINGTON, STANLEY R  
6111 PEACHTREE DUNWOODY ROAD SUITE B-102  
ATLANTA, GA 30328**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
COLLINS, WILLIAM R JR  
6111 PEACHTREE DUNWOODY ROAD SUITE B-102  
ATLANTA, GA 30328**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000549422  
05/13/06-80019-019 50.00

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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 883, Florida Statutes.

**SIGNATURE:**

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

**4/27/06**

Date

**770-391-1993**

Company Phone #