

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009391

Entity Name: LA ORILLA, LLC

FILED
Apr 02, 2005
Secretary of State

Current Principal Place of Business:

12070 BROOKMILL POINT
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

12070 BROOKMILL POINT
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, FRANKLIN H P.A.
5365 E. COUNTY HIGHWAY 30A STE. 105
SEAGROVE BEACH, FL 32459 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: HANNAHAN-STORNILOLO, DENISE A
Address: 12070 BROOKMILL POINT
City-St-Zip: ALPHARETTA, GA 30004

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HANNAHAN, DENISE A
Address: 12070 BROOKMILL POINT
City-St-Zip: ALPHARETTA, GA 30004

Title: MGRM () Change (X) Addition
Name: HANNAHAN, LEONARD C
Address: 3718 NEWCASTLE
City-St-Zip: ROCHESTER HILLS, MI 48306

Title: MGRM () Change (X) Addition
Name: HANNAHAN, JOHN R
Address: 505 CARYBELL LANE
City-St-Zip: ALPHARETTA, GA 30004

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: LEONARD C. HANNAHAN

MGRM

04/02/2005

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