2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
04-23-2008 90122 020 ***138.75

DOCUMENT # L04000009391

1. Entity Name
LA ORILLA, LLC

Principal Place of Business	Mailing Address
CRABAPPLE CENTER 12460 CRABAPPLE RD. SUITE 202-205 ALPHARETTA, GA 30004	CRABAPPLE CENTER 12460 CRABAPPLE RD. SUITE 202-205 ALPHARETTA, GA 30004

30006808

01262008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0681939
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, FRANKLIN H P.A.
5365 E. COUNTY HIGHWAY 30A STE. 105
SEAGROVE BEACH, FL 32459

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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)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HANNAHAN, DENISE A
STREET ADDRESS	12070 BROOKMILL POINT
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	MGRM
NAME	HANNAHAN, LEONARD C
STREET ADDRESS	3718 NEWCASTLE
CITY-ST-ZIP	ROCHESTER HILLS, MI 48306
TITLE	MGRM
NAME	HANNAHAN, JOHN R
STREET ADDRESS	505 CARYBELL LANE
CITY-ST-ZIP	ALPHARETTA, GA 30004
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: Denise A. Hannahan DENISE A. HANNAHAN 5-18-08 404 434 2064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #