

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

DOCUMENT # L04000013267	
1. Entity Name BUNNELL VEST, LLC	
Principal Place of Business 6111 PEACHTREE DUNWOODY ROAD STE. 8-102 ATLANTA, GA 30328	Mailing Address 6111 PEACHTREE DUNWOODY ROAD STE. 8-102 ATLANTA, GA 30328



04262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0723967	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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and 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 COLLINS, WILLIAM R JR 6111 PEACHTREE DUNWOOD ROAD SUITE B-102 ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BULLINGTON, STANLEY R 6111 PEACHTREE DUNWOODY ROAD SUITE B-102 ATLANTA, GA 30328
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05/13/06-80102-001 50.00

**DO NOT WRITE
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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: **4/27/06 770-391-1993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #