

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041454

FILED
Feb 11, 2006
Secretary of State

Entity Name: SOUTHERN POINTS INVESTMENTS, L.L.C.

Current Principal Place of Business:

1095 WINDWARD RIDGE PKWY. STE. 170
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

1095 WINDWARD RIDGE PKWY. STE. 170
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 20-1163680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, JULIE
101 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32302 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/MANAGERS:

Title: MGRM () Delete
Name: DORMINEY, KEITH B
Address: 8490 EDWARDTON DRIVE
City-St-Zip: ROSWELL, GA 30076

Title: MGRM () Delete
Name: BURNS, HERBERT C III
Address: 435 LONGWOOD LANE
City-St-Zip: ALPHARETTA, GA 30004

Title: MGRM () Delete
Name: WEATHERFORD, JAMES A JR
Address: 256 RIVER OVERLOOK RD.
City-St-Zip: DAWSONVILLE, GA 30534

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES WEATHERFORD

MM

02/11/2006

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