2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000044484

1. Entity Name THE BAG LADY, LLC

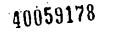


Principal Place of Business

924 GAINESVILLE HIGHWAY **SUITE 120** BUFORD, GA 30518

Mailing Address

924 GAINESVILLE HIGHWAY SUITE 120 BUFORD, GA 30518





DO NOT WRITE IN THIS SPACE

02162006 No Chg-LLC

CR2E083 (11/05)

Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90064 005 ****50.00

4. FEI Number 27-0093257 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKEY MICHAELT

2750 STICKNEY POINTE ROAD 1200 South Pine Island
SUITE 196 SARASOTA, FL 34231

DO	NOT	WRITE
IN	THIS	SPACE

• •			•	
	named entity submits this statement for the purpose of changing ions of registered agent.	•	office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, lyped or printed name of registered agent and title if applicable.		JOAN BOLDEN (NOTE: Registered ADASSISTANT: SECRETARY OATE		
	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	DOOLEY, TERRY W			
STREET ADDRESS	561 LINLEY TRACE			
CITY-ST-ZIP	LAWRENCEVILLE, GA 30043			
TITLE				
NAME				
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TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				

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:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF MANAGING DEMBER, OR AUTHORIZED REPRESENTATIVE

Daylime Phone #