

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063407

FILED
Mar 14, 2006
Secretary of State

Entity Name: AICC HENDRICKS ROAD, LLC

Current Principal Place of Business:

3575 PIEDMONT ROAD, N.E.
FIFTEEN PIEDMONT CENTER, SUITE 930
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

3575 PIEDMONT ROAD, N.E.
FIFTEEN PIEDMONT CENTER, SUITE 930
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 34-2014692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, FRANK E JR, ESQ
ATTORNEY-AT-LAW
445 EAST MACCLENNEY AVENUE
MACCLENNEY, FL 32063 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: GF/AMELIA ISLAND PRO, PERTIES, INC.
Address: 3575 PIEDMONT ROAD, N.E., SUITE 930
City-St-Zip: ATLANTA, GA 30305

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GF/AMELIA ISLAND PRO, PERTIES, INC.
Address: 3575 PIEDMONT ROAD, N.E., SUITE 930
City-St-Zip: ATLANTA, GA 30305 US

Title: PRES () Change (X) Addition
Name: GROVE, GREGORY K
Address: 3575 PIEDMONT ROAD, NE, SUITE 930
City-St-Zip: ATLANTA, GA 30305 US

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: GREGORY K. GROVE

PRES

03/14/2006

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