

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 20, 2005 8:00 am
Secretary of State

04-29-2005 90039 012 ****50.00

DOCUMENT # L04000072025 1. Entity Name HOMESTEAD VEST, LLC					
Principal Place of Business 6111 PEACHTREE DUNWOODY ROAD STE. B-102 ATLANTA, GA 30328-4577			Mailing Address 6111 PEACHTREE DUNWOODY ROAD STE. B-102 ATLANTA, GA 30328-4577		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1916054				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04212005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when removing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			MGRM Bullington, Stanley R. 6111 Peachtree Dunwoody Rd, Ste B-102 Atlanta, GA 30328		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			MGRM Collins, William R. Jr 6111 Peachtree Dunwoody Rd, Ste B-102 Atlanta, GA 30328		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.					
SIGNATURE: 			4/28/05 770-391-1993		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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