2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-22-2005 90183 026 ****50.00

DOCUMENT # L04000072976

1. Entity Name
AU PARKWAY, L.L.C.

Principal Place of Business	Mailing Address
~~11130 STATE BRIDGE ROAD~~ 1000 Mansell Exchange West B200 ~~SUITE D-201~~ S 210 ALPHARETTA, GA 30022	~~11130 STATE BRIDGE ROAD~~ ~~SUITE D-201~~ 1000 Mansell ALPHARETTA, GA 30022

30003873

01112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1000 Mansell Exchange W	Same
Suite, Apt. #, etc.: S 210 B 200	Suite, Apt. #, etc.
City & State: Alpharetta Ga	City & State
Zip: 30022 Country	Zip Country

4. FEI Number: 20-1920421 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEITLICH, PAUL D 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGRM BRIDGES, JAMES E ~~11130 STATE BRIDGE ROAD, SUITE D-201~~ ALPHARETTA, GA 30022 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1000 Mansell Exchange West B200 S210 Alpharetta Ga 30022
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: James E. Bridges 3/16/2005 678-297-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #