

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013522

FILED
Apr 20, 2006
Secretary of State

Entity Name: PUBLIC ENTITIES OF AMERICA, LLC

Current Principal Place of Business:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-2311187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, THOMAS P
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: POWELL, DEL
Address: 2839 PACES FERRY RD STE 1200
City-St-Zip: ATLANTA, GA 30339

Title: VP () Change (X) Addition
Name: YOUNG, WILLIAM
Address: 2839 PACES FERRY RD STE 1200
City-St-Zip: ATLANTA, GA 30339

Title: CEO () Change (X) Addition
Name: JOHN K. RITENOUR,
Address: 1855 SR 434
City-St-Zip: LONGWOOD, FL 32750

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: DEL POWELL

PRES

04/20/2006

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