

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027429

FILED
Jan 11, 2007
Secretary of State

Entity Name: OWLS HEAD DEVELOPMENT, LLC

Current Principal Place of Business:

255 EAST PACES FERRY RD
STE 450
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

255 EAST PACES FERRY RD
STE 450
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 20-2597025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, M. TODD ESQ
BURKE BLUE HUTCHISON & WALTERS, P.A.
215 GRAND BOULEVARD, SUITE 101
DESTIN, FL 32550 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: MGR () Delete
Name: OWLS HEAD MANAGEMENT, , INC.
Address: 455 OLD CLUB ROAD SOUTH
City-St-Zip: MACON, GA 31210

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OWLS HEAD MANAGEMENT, , INC.
Address: 255 EAST PACES FERRY RD, STE 450
City-St-Zip: ATLANTA, GA 30305

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: OWLS HEAD MANAGEMENT, INC MGR 01/11/2007

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