


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90078 049 \*\*\*\*50.00

DOCUMENT # L05000046399					
<b>1. Entity Name</b> BETTER HALF, LLC					
<b>Principal Place of Business</b> 3981 MERRIWEATHER WOODS ALPHARETTA, GA 30022 US			<b>Mailing Address</b> 3981 MERRIWEATHER WOODS ALPHARETTA, GA 30022 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 83-0429526	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM		TITLE		
NAME	MARSHALL, MATTHEW P		NAME		
STREET ADDRESS	3981 MERRIWEATHER WOODS		STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA, GA 30022		CITY-ST-ZIP		
TITLE	MGRM		TITLE		
NAME	MARSHALL, SUSAN Y		NAME		
STREET ADDRESS	3981 MERRIWEATHER WOODS		STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA, GA 30022		CITY-ST-ZIP		
TITLE	MGRM		TITLE		
NAME	ETZLER, REBECCA		NAME		
STREET ADDRESS	1094 FISHER LANE		STREET ADDRESS		
CITY-ST-ZIP	WINNETKA, IL 60093		CITY-ST-ZIP		
TITLE	MGRM		TITLE		
NAME	ETZLER, SCOTT		NAME		
STREET ADDRESS	1094 FISHER LANE		STREET ADDRESS		
CITY-ST-ZIP	WINNETKA, IL 60093		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Matthew P. Marshall, Managing Member</i>			Date: 8/12/06		Daytime Phone #: 678-427-4320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					