

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057040

Entity Name: 140 GEOFF WILDER, LLC

FILED  
Jan 12, 2007  
Secretary of State

**Current Principal Place of Business:**

950 TULLIS ROAD  
LAWRENCEVILLE, GA 30043

**New Principal Place of Business:**

**Current Mailing Address:**

950 TULLIS ROAD  
LAWRENCEVILLE, GA 30043

**New Mailing Address:**

FEI Number: 20-3787477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHEYD, JOSEPH M JR  
1221 AIRPORT ROAD, SUITE 209  
DESTIN, FL 32541 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: RDM REAL ESTATE HOLD, INGS, LLC  
Address: 950 TULLIS ROAD  
City-St-Zip: LAWRENCEVILLE, GA 30243

Title: MGRM ( ) Delete  
Name: MARSH, DIANA L  
Address: 950 TULLIS ROAD  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM ( ) Delete  
Name: SAMPERS, CARI L  
Address: 3636 WINDER JASMINE COURT  
City-St-Zip: DACALA, GA 30019

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DIANA L MARSH

MGRM

01/12/2007

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