

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000061997

**FILED**  
**Jul 13, 2006**  
**Secretary of State****Entity Name:** ETOWAH, LLC**Current Principal Place of Business:**237 SOUTH WESTMONTE DRIVE, SUITE 111  
ALTAMONTE SPRINGS, FL 32714**New Principal Place of Business:****Current Mailing Address:**3 EASTON OVAL  
STE 500  
COLUMBUS, OH 43219**New Mailing Address:****FEI Number:** 20-3040916**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** HINES DR LAKE CTY LL, C  
**Address:** 3 EASTON OVAL STE 500  
**City-St-Zip:** COLUMBUS, OH 43219**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****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 (X) Change ( ) Addition  
**Name:** SHAMROCK, KEITH  
**Address:** 2100 LAKE EUSTIS DRIVE  
**City-St-Zip:** TAVARES, FL 32778**Title:** VP ( ) Change (X) Addition  
**Name:** SHAMROCK, STEVE  
**Address:** 2100 LAKE EUSTIS DRIVE  
**City-St-Zip:** TAVARES, FL 32778**Title:** VP ( ) Change (X) Addition  
**Name:** BROWN, FRED  
**Address:** 2100 LAKE EUSTIS DRIVE  
**City-St-Zip:** TAVARES, FL 32778**Title:** VP ( ) Change (X) Addition  
**Name:** BENNETT, DANA  
**Address:** 237 SOUTH WESTMONTE DRIVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714**Title:** VP ( ) Change (X) Addition  
**Name:** WHEATON, WILLIAM B  
**Address:** 237 SOUTH WESTMONTE DRIVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714**Title:** VP ( ) Change (X) Addition  
**Name:** ROBERTS, WILLIAM A  
**Address:** 3 EASTON OVAL  
**City-St-Zip:** COLUMBUS, OH 43219

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:** WILLIAM A. ROBERTS

VP

07/13/2006

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