

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066562

Entity Name: CIRCLED OAK, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

101 CARRICK WAY
MACON, GA 31210

New Principal Place of Business:

Current Mailing Address:

101 CARRICK WAY
MACON, GA 31210

New Mailing Address:

FEI Number: 20-3102876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COFFIELD SACHS, COLLEEN
1719 S. COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459 US

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: MGRM () Delete
Name: TERRELL, RYAN C
Address: 101 CARRICK WAY
City-St-Zip: MACON, GA 31210

Title: MGRM () Delete
Name: FRAZIER, JOANNE
Address: 6117 LOVELACE DR.
City-St-Zip: HAMILTON, OH 45011

ADDITIONS/CHANGES:

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: RYAN C. TERRELL

MGRM

05/01/2006

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