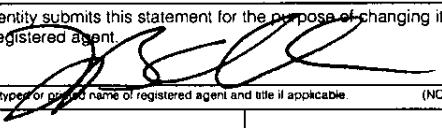
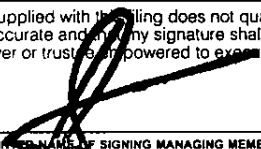


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90369 011 *****50.00

DOCUMENT # L05000107328					
1. Entity Name 6611 FLAGLER DRIVE, LLC					
Principal Place of Business 3540 FOREST HILL BLVD., SUITE 203 WEST PALM BEACH, FL 33406			Mailing Address 3540 FOREST HILL BLVD., SUITE 203 WEST PALM BEACH, FL 33406		
2. Principal Place of Business - No P.O. Box # 450 Northridge Parkway Suite, Apt. #, etc. Suite 300 City & State Atlanta, GA Zip 30350 Country USA		3. Mailing Address 450 Northridge Parkway Suite, Apt. #, etc. Suite 300 City & State Atlanta, GA Zip 30350 Country USA			
4. FEI Number 20-3734129				Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARMOUR, ALAN I II 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Larry Alexander Street Address (P.O. Box Number is Not Acceptable) Jones Foster Johnston & Stubbs, P.A. Flagler Center Tower, Ste 1100, 505 S. Flagler Dr. City West Palm Beach FL Zip Code 33401		
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. SIGNATURE  DATE <u>4-19-07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HEATON, GEORGE W 2655 NORTH OCEAN BLVD #310 SINGER ISLAND, FL 33404 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MCR Roberts, Charles S 450 Northridge Pkwy, Ste. 300 Atlanta, GA 30350 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 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, and powered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date <u>4/16/07</u> Daytime Phone # <u>770 394 6000</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					