#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L05000107334

1. Entity Name

DEAN-GEORGIA, LLC



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business 4740 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487 Mailing Address

9100 SOUTH DADELAND BLVD SUITE 901 MIAMI, FL 33156



## DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3737320

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

TESCHER GUTTER CHAVOS JOSEPHER ET AL 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431

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<ol><li>The above named entity submits this statement for the</li></ol>	purpose of changing its registered office or registered age	ent, or both, in the State of	Florida. I am familiar with, and accept
the obligations of registered agent.	•		
		1	•

SIGNATURE

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

U00000597916 01/24/07-80055-016 50.00

9	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HARRY DEAN TRUST
STREET ADDRESS	9100 S DADELAND BLVD SUITE 901
CTTY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY+ST+ZIP	-
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY+\$T-ZIP	1
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME _	
STREET ADDRESS	
CITY+ST-ZIP	
	<del></del>

### DO NOT WRITE IN THIS SPACE

I horeby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE