

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

75009242

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                   |                                                |                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000112752</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |  |                                                | 02-21-2006 90178 050 ****50.00                                                           |  |
| 1. Entity Name<br><b>FLAT MOUNTAIN, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                   |                                                |                                                                                          |  |
| Principal Place of Business<br><b>177 SLOAN ROAD<br/>FRANKLIN, NC 28734</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | Mailing Address<br><b>177 SLOAN ROAD<br/>FRANKLIN, NC 28734</b>                   |                                                |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 3. Mailing Address                                                                |                                                |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Suite, Apt. #, etc.                                                               |                                                |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | City & State                                                                      |                                                |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                         | Zip                                                                               | Country                                        | 4. FEI Number<br><b>20-3840415</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                   |                                                | Applied For<br>Not Applicable                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                   |                                                | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><b>STONEBURNER, BERRY &amp; SIMMONS, P.A.<br/>841 PRUDENTIAL DRIVE, SUITE 1400<br/>JACKSONVILLE, FL 32207</b>                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                   |                                                | 7. Name and Address of New Registered Agent                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                   |                                                | Name                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                   |                                                | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                   |                                                | City                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                   |                                                | FL Zip Code                                                                              |  |
| 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 _____<br><small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                   |                                                |                                                                                          |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | <b>Make check payable to<br/>Florida Department of State</b>                      |                                                |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                   | 10. ADDITIONS/CHANGES                          |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Jim Garner</u> <b>Jim Garner</b> <b>2-17-06</b> <b>828-524-4442</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                           |                                 |                                                                                   |                                                |                                                                                          |  |