2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**



Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90076 050 ****50.00

FILED

1. Entity Nan	MEN # L060000			~~~_	AU I ()			
6111 PEACH	ce of Business HTREE DUNWOODY ROAD, STE. B A 30328-4577	Mailing Address -102 6111 PEACHTREE DU ATLANTA, GA 30328	NWOODY ROAD, STE. B -4577		EANA ARKI BANK ABRIK ABRIK	431 61818 121 128 181 1	118 7 1 111 1 5 6)	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	CR2E083 (12/06)		
City & State		City & State	City & State		1878300	2 A	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Add Fee Require		
	6. Name and Address of Cur	rent Registered Agent		7. Name and	Address of New R	egistered Agent		
			Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
ı								
			City			FL Zip Cod	le	
	e named entity submits this stateme tions of registered agent.	ant for the purpose of changing it	s registered office or reg	gistered agent, or bot	n, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NC	TE Registered Agent signature ref	quired when reinstating)		DATE		
F	Signature, typed or printed name of registered liling Fee is \$50.00 bue by May 1, 2007	agent and title il applicable. (NC	TE Registered Agont signature ret	equired when reinstating)		DATE e check payable to Department of Staf	te	
F	Signature, typed or printed name of registered silling Fee is \$50.00 bue by May 1, 2007			equired when reinstating)	Florida	e check payable to Department of Stat	te .	
F D	Signature, typed or printed name of registered Illing Fee is \$50.00 MANAGING ME Mar Menber	MBERS/MANAGERS	10. MLE	equired when reinstating)		e check payable to Department of Stat	Addition	
9, TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered illing Fee is \$50.00 Due by May 1, 2007 MANAGING ME May. Member Stan R. Bullington Will Peachtree Dunace	EMBERS/MANAGERS Delete Dody Rd, Ste. 102B	10. TITLE NAME STREET ADDRESS	equired when reinstating)	Florida	e check payable to Department of Stat		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered illing Fee is \$50.00 pue by May 1, 2007 MANAGING ME Mar. Member Stan R. Bullington Will Feachtree Dunux Atlanta, 6A 3033	EMBERS/MANAGERS Delete Sody Rd, Ste. 102B	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	equired when reinstating)	Florida	e check payable to Department of Stat CHANGES	Addition	
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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 trusted employee to execute this report as required by Chapter 608, Florida Statutes.

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

4/27/01

770-391-1993