


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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|--|---------|---|---------|
| DOCUMENT # L06000120061 1. Entity Name WASHINGTON GEORGIA, LLC | |  | |
| Principal Place of Business 1101 6TH AVENUE WEST SUITE 101 BRADENTON FL 34205 US | | Mailing Address 1101 6TH AVENUE WEST SUITE 101 BRADENTON FL 34205 US | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
Aug 08, 2008 08:00 AM
Secretary of State



2nd MOORE CR2E083 (4/08)

| | | | |
|--|--|--|--|
| 4. FEI Number <div style="text-align: right; font-weight: bold;">20-8939890</div> | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent BLALOCK, DAN S JR 1101 6TH AVE W STE 101 BRADENTON, FL 34205-7734 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|
| FILE NOW!!! FEE IS: \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008 | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/> |
|---|---|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BLALOCK, DAN S JR 1101 6TH AVE W STE 101 BRADENTON FL 34205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.1em;"> U00000957397 08/08/08-80007-008 138.75 </div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dan S Blalock Jr* DAN S BLALOCK JR 8/5/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #