


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90110 021 \*\*\*\*50.00

**DOCUMENT # L99000007595**

1. Entity Name  
**PRESTIDGE SOUTHWEST LLC**



Principal Place of Business      Mailing Address

8405 DUNWOODY PLACE      8405 DUNWOODY PLACE  
 ATLANTA, GA 30350      ATLANTA, GA 30350

20064400

**DO NOT WRITE IN THIS SPACE**



07052005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 58-2504042	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN E  
 551 S. MASHTA DRIVE  
 KEY BISCAVNE, FL 33149

**DO NOT WRITE IN THIS SPACE**

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: [Signature]      [Signature]      7/15/05  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLIDDEN, WILLIAM F 8405 DUNWOODY PLACE ATLANTA, GA 30350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JOHN E 551 S. MASHTA DRIVE KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOSDIN, DAVID 110 FRIAR TUCK CIRCLE DENTON, TX 76201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: [Signature]      William F Glidden      7/15/05      770 447 9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #