


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90023 004 ****50.00

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03102005 Chg-LLC CR2E083 (10/03)

Principal Place of Business C/O GEORGE W. HILLEGRASS 1200 ASHWOOD PKWY., STE. 300 ATLANTA, GA 30338	Mailing Address C/O GEORGE W. HILLEGRASS 1200 ASHWOOD PKWY., STE. 300 ATLANTA, GA 30338
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2. Principal Place of Business C/O George W. Hillegrass Suite, Apt. #, etc. 1200 Ashwood Pkwy., Ste. 300 City & State Atlanta, GA Zip 30338 Country USA	3. Mailing Address C/O George W. Hillegrass Suite, Apt. #, etc. 1200 Ashwood Pkwy., Ste. 300 City & State Atlanta, GA Zip 30338 Country USA
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4. FEI Number 58-2522726	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HILLEGRASS, WILLIAM 427 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32250	7. Name and Address of New Registered Agent Name William Hillegrass Street Address (P.O. Box Number Not Acceptable) 427 North 3rd Street City Jacksonville Beach FL Zip Code 32250
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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 _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EXUM, HELEN 410 WEST BROW ROAD LOOKOUT MOUNTAIN, TN 37350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Helen M. Exum **3-28-05** **770-396-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #