



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90044 038 \*\*\*\*50.00

<b>DOCUMENT # L99000009305</b> 1. Entity Name <b>EXUM, LLC</b>					
Principal Place of Business <b>C/O GEORGE W. HILLEGRASS</b> <b>1200 ASHWOOD PKWY., STE. 300</b> <b>ATLANTA, GA 30338</b>			Mailing Address <b>C/O GEORGE W. HILLEGRASS</b> <b>1200 ASHWOOD PKWY., STE. 300</b> <b>ATLANTA, GA 30338</b>		
2. Principal Place of Business <b>c/o George W. Hillegrass</b> Suite, Apt. #, etc. <b>1200 Ashwood Pkwy, Ste. 300</b> City & State <b>Atlanta, GA</b> Zip <b>30338</b>		3. Mailing Address <b>c/o George W. Hillegrass</b> Suite, Apt. #, etc. <b>1200 Ashwood Pkwy, Ste. 300</b> City & State <b>Atlanta, GA</b> Zip <b>30338</b>			
4. FEI Number <b>58-2522726</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01062006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent <b>HILLEGRASS, WILLIAM</b> <b>427 NORTH 3RD STREET</b> <b>JACKSONVILLE BEACH, FL 32250</b>			7. Name and Address of New Registered Agent Name <b>William Hillegrass</b> Street Address (P.O. Box Number is Not Acceptable) <b>427 North 3rd Street</b> City <b>Jacksonville Beach</b> <b>FL</b> Zip Code <b>32250</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>EXUM, HELEN</b> <b>410 WEST BROW ROAD</b> <b>LOOKOUT MOUNTAIN, TN 37350</b> <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 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.					
<b>SIGNATURE:</b> <u>Helen M. Exum</u>			<u>April 27, 2006</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		