2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# M00000000245

Entity Name: AMBLING DEVELOPMENT COMPANY, L.L.C.

Current Principal Place of Business:

348 ENTERPRISE DRIVE
VALDOSTA, GA 31601

New Principal Place of Business:

Current Mailing Address:

348 ENTERPRISE DRIVE
VALDOSTA, GA 31601

New Mailing Address:

FEI Number: 58-2230079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	GODWIN, MICHAEL H PRESIDE	
Address:	348 ENTERPRISE DRIVE	
City-St-Zip:	VALDOSTA, GA 31601	
Title:	MGR	( ) Delete
Name:	HOLMES, R. RYAN SEC	
Address:	348 ENTERPRISE DRIVE	
City-St-Zip:	VALDOSTA, GA 31601	
Title:	MGR	( ) Delete
Name:	WILLIS, CYNAMON M CFO	
Address:	348 ENTERPRISE DRIVE	
City-St-Zip:	VALDOSTA, GA 31601	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CYNAMON WILLIS CFO 04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date