2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 03, 2006 8:00 am Secretary of State

DOCUMENT # M0200000160 1. Entity Name C-30A, LLC							02-03-2006 90083 034 ****50.00				
Principal Place	e of Busines:	s	Mailing Address		- <u></u>			50008	0.8.1		
7397 DOUGLAS BLVD. DOUGLASVILLE, GA 30135			7397 DOUGLAS BLVD. DOUGLASVILLE, GA 30135			į	20004941				
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01272006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State				4. FEI Numbe 02-0530				plied For at Applicable	
Zip Country		Zip Couni		try		5. Certificate of Status Desired			\$5.00 Additional Fee Required		
	6. Name	and Address of Current I	Registered Agent				7. Name and	Address of New R	legistered A	gent	
FREER, JO	OSEPH P				Name						
83 CENTRAL SQUARE SEASIDE, FL 32459			Street Addre			ddress (F	P.O. Box Numbe	r is Not Acceptable	e)		_
OLAGIDE,	16 3240	•									
		. €			City				FL	Zip Code	e
	named entitions of regist		the purpose of changing its	register	ed office or	register	ed agent, or bot	n, in the State of Flo	orida. I am fa	imiliar with,	and accept
SIGNATURE .	Signature, lyped	or printed name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signatu	beniuper ex	when reinstating)		DATE	 -	
		•	<u>-</u>					· ····			
Filing Fee is \$50.00 Due by May 1, 2006							ĺ	Mak	e check pa	yable to	
	ue by Ma	y 1, 2006						Florida	a Departme	nt of State	e
9.		MANAGING MEMBE		10.			200	ADDITIONS)	/CHANGES		
· · · · · · · · · · · · · · · · · · ·	MGRM FREER, J	MANAGING MEMBE	RS/MANAGERS	10. TITLE	i i	MGI	JOHNT	ADDITIONS	/CHANGES	nt of State	Addition
9. TITLE NAME STREET ADDRESS	MGRM FREER, J 7397 DOU	MANAGING MEMBE JOHN T. JGLAS BLVD.		title Nam Stre	e Et address	Freer	John T riger Tra	ADDITIONS	/CHANGES		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREER, J 7397 DOU DOUGLA	MANAGING MEMBE	☐ Delete	TITLE NAM STRE CITY	E Et address -st-zip	Freer	John T riger Tra	ADDITIONS	OL 36	Change	Addition
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AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #