

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000732

FILED
Jul 19, 2006
Secretary of State

Entity Name: ALTAMONTE SPRINGS INVESTMENTS, LLC

Current Principal Place of Business:

1000 ABERNATHY ROAD
SUITE 1250
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

1000 ABERNATHY ROAD
SUITE 1250
ATLANTA, GA 30328

New Mailing Address:

171 17TH STREET
SUITE 1550
ATLANTA, GA 30363

FEI Number: 41-2033175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MASTERS, PAMELA R ESQ.
648 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176 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/MANAGERS:

Title: MGR () Delete
Name: VLASS, MICHAEL B
Address: ONE BUCKHEAD LOOP, #1703
City-St-Zip: ATLANTA, GA 30326

Title: MGR () Delete
Name: JACOBY, JAMES F
Address: 1000 ABERNATHY RD., STE. 1250
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: JACOBY, JAMES F
Address: 171 17TH STREET, SUITE 1550
City-St-Zip: ATLANTA, GA 30363

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES F. JACOBY

MGR

07/19/2006

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