


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90159 014 ****50.00

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| DOCUMENT # M02000002035 | | | |  | |
| 1. Entity Name FLEMING & HALL, LLC | | | | | |
| Principal Place of Business 2880 HOLCOMB BRIDGE ROAD, STE. B-6 ALPHARETTA, GA 30022-5492 | | | Mailing Address 2880 HOLCOMB BRIDGE ROAD, STE. B-6 ALPHARETTA, GA 30022-5492 | | |
| 2. Principal Place of Business 3880 Holcomb Bridge Road Suite, Apt. #, etc. Suite 400 City & State Norcross GA Zip 30092 | | 3. Mailing Address 3880 Holcomb Bridge Road Suite, Apt. #, etc. Suite 400 City & State Norcross GA Zip 30092 | | | |
| 03102004 Chg-LLC CR2E083 (10/03) | | 4. FEI Number 37-1430165 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent FLEMING, BRIAN C 1100 S. STATE ROAD 7, STE. 203 MARGATE, FL 33068 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLEMING & HALL, LTD. 2880 HOLCOMB BRIDGE ROAD, STE. B-6 ALPHARETTA, GA 300225492 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3880 Holcomb Bridge Rd Suite 400 Norcross GA 30092 | |
| 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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| 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: _____ | | | Date 3/24/04 Daytime Phone # 800 537-8023 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |