2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # M02000003 LEA GP, L.L.C.	3517				1-18-2006 9		****50	.00	
Principal Plac	e of Business	Mailing Address	<u> </u>		6	200322	95			
	AZA STE. 300	P.O. BOX 44187								
ATŁANTA, GA	30303	MC 243 Aflanta, ga 30302								
		MILNITH, ON SUSUE								
2. Principal Place of Business		3. Mailing Address 2700 WYCMFF RD.								
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 5417E 3/2		04	4042006 c	hg-LLC	CR2E083	3 (11/05)		
City & Stat	9	City & State	1/2		FEI Number			Ар	plied For	
Zip	Country	RALEIGH /	γ <u>_</u>	- -	65-088280)3			t Applicable	
ZID	Country	27 607 -	Country NAKE	. 5.	Certificate of St	tatus Desired	□ 5	5.00 Add	itional d	
	6. Name and Address of Current	Registered Agent		7.	Name and Add	iress of New Ro	egistered Ag	ent		
TO ANCOM DEVELOPMENT, INC.										
TRANSOM DEVELOPMENT, INC. 8226 NORTH WICKHAM ROAD, STE. 200			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	RNE, FL 32940						 			
			City				FL	Zip Code	•	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office o	r registered ag	gent, or both, in	the State of Flo	rida. I am far	niliar with.	and accept	
SIGNATURE .		210TS								
	Signature, typed or printed name of registered agent	and the nappicable (NOTE	Registered Agent signa	ture required when r	reinstating)		DATE		. 4	
FI D:	iling Fee Is \$50.00 ue by May 1, 2006						e check pay Departmen		;	
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR	Delete	NTLE	MGR				Change	Addition	
NAME STREET ARROSSO	CDC MANAGER, INC.		NAME	CBC M	<i>TANAGE</i>	R, INC		312		
STREET ADDRESS CITY-ST-ZIP	50 HURT PLAZA STE. 300 ATLANTA, GA 30308							<i></i>		
TITLE			STREET ADDRESS	2700 M	WYCLIPA	771.0	4,, <u> </u>	•		
NAME		☐ Delete	CITY-ST-ZIP	2700 V RALEI	WYCLIPF GH, N.C	2760	<u>7</u>		☐ Addition	
		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	2700 V RALEI	WYCLIPF GH, N.C	2760	<u>7</u>	. Change	Addition	
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BY: ALETA J. HODGES, V.P. of LOCHANAGER, ZNC.

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.4.06 919-510-9660

Daytme Phone #