2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 20, 2004 8:00 am Secretary of State

	ANNOAL	. REPURI			_	Secret	ary o)I 5t	aie
DOCU	MENT # M0300000	0333				02-20-2004	•		
1. Entity Nam	ne					02 20 200	. , 0125 01	,, ,	
BUCKLE	Y PROPERTIES, LLC								
Principal Plac	e of Business	Mailing Address							
270 CARPENTER DRIVE, SUITE 200		270 CARPENTER DRIVE, SUITE 200							
ATLANTA, GA	4 30328	ATLANTA, GA 30328							
,									311
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Number Applied For 58-2588789 Not Applicable				
Zip	Country .	Zip Country			58-2588789 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and	Address of New F			1
			N	ame	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		icgistored Ag	join	
	PORATION SYSTEM TH PINE ISLAND ROAD		St	Street Address (P.O. Box Number is Not Acceptable)					
	ION, FL 33324	,			T.O. DOX NUMBE	i is not Acceptable	-		
			ł						
			Ci	ity			FL	Zip Code	-
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered of	ffice or register	red agent, or bot	n, in the State of Flo		miliar with,	and accept
SIGNATURE .									
Old Williams	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ager	nt signature required	when reinstating)		DATE		
	,	and title if applicable. (NOTE	: Registered Ager	nt signature required	d when reinstating)	The second secon			
Fi	Signature, typed or printed name of registered agent illing Fee is \$50.00 ue by May 1, 2004	and title if applicable. (NOTE	: Registered Ager	nt signature required	d when reinstating)		DATE Se check pay a Departmen		
Fi D	iling Fee is \$50.00 ue by May 1, 2004			nt signature required	when reinstating)	Florid	e check pay a Departmer		
F i D :	iling Fee is \$50.00	ERS/MANAGERS	10.			Florid	e check pay a Departmen	nt of State	^*
Fi D	iling Fee is \$50.00 ue by May 1, 2004		10.			Florid	e check pay a Departmen	nt of State	Addition
9.	iling Fee is \$50.00 ue by May 1, 2004	ERS/MANAGERS	10.			Florid	e check pay a Departmen	nt of State	^*
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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: LINE ELICILITY PROPERTY FOR 16 20 4 676-325-244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #