



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90118 002 \*\*\*\*50.00

DOCUMENT # M03000001644					
<b>1. Entity Name</b> PARTHENON REALTY, LLC					
<b>Principal Place of Business</b> 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business</b> 11700 GREAT OAKS WAY Suite, Apt. #, etc. SUITE 200 City & State ALPHARETTA, GA Zip 30022 Country FLUTON		<b>3. Mailing Address</b> 11700 GREAT OAKS WAY Suite, Apt. #, etc. SUITE 200 City & State ALPHARETTA, GA Zip 30022 Country FLUTON			
<b>4. FEI Number</b> 41-2043813				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., SUITE 1500 (LAD) MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUNNINGHAM, DREW P 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUNNINGHAM, DREW P 11700 GREAT OAKS WAY, Suite 200 ALPHARETTA, GA 30022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBSSON, JOHN 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBSSON, JOHN (SEE ABOVE) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIBART, LEE 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIBART, LEE (SEE ABOVE) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACK, WILLIAM 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACK, WILLIAM (SEE ABOVE) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREEMAN, WILLIAM F III 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREEMAN, WILLIAM F III (SEE ABOVE) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAIGE, STEVEN J 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
SIGNATURE: <u>W. F. Freeman III</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>7/6/06</u> Daytime Phone #: <u>678/746-5807</u>		