

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90051 001 ***350.00

DOCUMENT # M03000003073

1. Entity Name
OLDE TOWNE, LLC



Principal Place of Business
924 GAINESVILLE HIGHWAY
SUITE 130
BUFORD, GA 30518

Mailing Address
924 GAINESVILLE HIGHWAY
SUITE 130
BUFORD, GA 30518

30007259



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

58-2510171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACK, WENDY L
5800 LAKEWOOD RANCH BOULEVARD
SUITE 130
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

City Plantation

FL

Zip Code
33324

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 Joan Bolden

JOAN BOLDEN

ASSISTANT SECRETARY

4/17/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DOOLEY, TERRY W
924 GAINESVILLE HIGHWAY
BUFORD, GA 30518 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Terry W. Dooley
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-06 (678) 318-1055
Date Daytime Phone #