

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003298

1. Entity Name
OUR APPRECIATION, LLC



Principal Place of Business
**6391 GLENRIDGE DRIVE #145
ATLANTA, GA 30328**

Mailing Address
**6391 GLENRIDGE DRIVE #145
ATLANTA, GA 30328**



03302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-3129306

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORES, JOHN
513 CALLE ESCADA
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000116653
04/16/04-80074-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FORD, CHARLES
6391 GLENRIDGE DRIVE #145
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROYLES, DIANE
4046 RIVER RIDGE CHASE
MARIETTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROYLES, CHRISTOPHER
4046 RIVER RIDGE CHASE
MARIETTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FORD, MELISSA
6391 GLENRIDGE DRIVE #145
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Charles Ford 4/14/04