


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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TAXES FILED SO.
Apr 08, 2005 08:00 AM
 Secretary of State

DOCUMENT # M03000003557

1. Entity Name
 36747, LLC



Principal Place of Business Mailing Address

11675 RAINWATER DR. STE. 100 11675 RAINWATER DR. STE. 100
 ALPHARETTA, GA 30004 ALPHARETTA, GA 30004

DO NOT WRITE IN THIS SPACE



02112005 No Chg.-LLC CR2E083 (10/03)

4. FEI Number Applied For
 81-0571931 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARDUE, WAYNE
STREET ADDRESS	200 APPLIED PARKWAY
CITY- ST- ZIP	UNIVERSITY PARK, IL 60466
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 04/08/05-80037-003 50.00

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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: *Wayne Pardue*

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