

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001049

FILED
Jan 06, 2005
Secretary of State

Entity Name: B/S ATLANTA HOLDINGS, LLC

Current Principal Place of Business:

C/O RETAIL PLANNING CORPORATION
35 JOHNSON FERRY ROAD
MARIETTA, GA 30068

New Principal Place of Business:

Current Mailing Address:

C/O RETAIL PLANNING CORPORATION
35 JOHNSON FERRY ROAD
MARIETTA, GA 30068

New Mailing Address:

FEI Number: 58-2476109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BERNARD E
ONE SLEIMAN PARKWAY, STE. 270
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BROWN, G. OWEN
Address: 35 JOHNSON FERRY ROAD
City-St-Zip: MARIETTA, GA 30068

Title: MGR () Delete
Name: SLEIMAN, ANTHONY T
Address: ONE SLEIMAN PARKWAY, STE. 270
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: SLEIMAN, PETER D
Address: ONE SLEIMAN PARKWAY, STE. 270
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NANCY ISENBERG

MGR

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date