2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# M04000001049

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:

HEEKIN, ROB
1 SLEIMAN PKWY
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/MANAGERS:

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:	8669 BAYPINE RD #100	
City-St-Zip:	JACKSONVILLE, FL 32256	

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 exemption stated in Chapter 119, 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 MS 01/20/2009

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