


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000001295</b> 1. Entry Name BLUE RIBBON CRABAPPLE, LLC	
---	---

Principal Place of Business TWO SECURITIES CENTER 3500 PIEDMONT ROAD, NE, SUITE 105 ATLANTA, GA 30305	Mailing Address TWO SECURITIES CENTER 3500 PIEDMONT ROAD, NE, SUITE 105 ATLANTA, GA 30305
--	--

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-6435989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MASTERS, PAM ESQUIRE 848 OCEAN SHORE BOULEVARD ORMOND BEACH, FL 32172
--

**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 <u>Pamela R Masters</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>1/13/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILCOX, JOHN W III 3500 PIEDMONT ROAD, NE, SUITE 105 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHASE, GEORGE E JR 3500 PIEDMONT ROAD, NE, SUITE 105 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000184723  
01/20/05-80040-017 50.00

**DO NOT WRITE  
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: <u>John W Wilcox III</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>1-5-05</u> DAYTIME PHONE # <u>404 364-9054</u>