

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000001295

1. Entity 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**



01032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-6435989

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MASTERS, PAM ESQUIRE
648 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 _____

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

(NOTE: Registered Agent signature required when releasing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

U00000389120
01/20/06-80032-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

1-4-05 404 364-9054