2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 27, 2005 8:00 am Secretary of State

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DOCUMENT # M0400001941 1. Entity Name LAIRD POINT, LLC					90080 044 ****50.00
Principal Place of Business 2000 RIVEREDGE PARKWAY, SUITE 580 ATLANTA, GA 30328		Mailing Address 2000 RIVEREDGE PARKWAY, SUITE 580 ATLANTA, GA 30328		20004407	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132005 Chg-LLC	CR2E083 (10/03)
City & State		City & State		4. FEI Number 16-1635438	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Ro	egistered Agent
HAMBY, ERIC M 429 S. TYNDALL, SUITE J			Name EC	C. N. Hamby (P.O. Box Number is Not Acceptable	429 S. Tumball Suite
PANAMA	CITY, FL 32404				1213. Tyrodii Soile
The above named entity submits this statement for the purpose of changing its region.			City Pana	ma City	FL Zip Code 32404
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or reģist	ered agent, or bot h , in the State of Ho	nda. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005			Make	e check payable to Department of State
9.	MANAGING MEMBEI	RS/MANAGERS	10.	ADDITIONS/	CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, J. ROBERT 2000 RIVEREDGE PARKWAY, S ATLANTA, GA 30328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME		☐ Change ☐ Addition
CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete			☐ Change ☐ Addition

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:

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

Date

Date

Date

Daylitie Phone #