AMENDED

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-25-2005 90131 047 ****50.00
M04000001941

FILED
05 APR -4 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000001941

1. Entity Name
LAIRD POINT, LLC

Principal Place of Business	Mailing Address
2000 RIVEREDGE PARKWAY, SUITE 580 ATLANTA, GA 30328	2000 RIVEREDGE PARKWAY, SUITE 580 ATLANTA, GA 30328
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 16-1635438 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMBY, ERIC M 429 S. TYNDALL, SUITE J PANAMA CITY, FL 32404	Name: Eric N. HAMBY Street Address (P.O. Box Number is Not Acceptable): 429 S. Tyndall Suite J City: Panama City FL Zip Code: 32404

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] 3/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, J. ROBERT 2000 RIVEREDGE PARKWAY, SUITE 580 ATLANTA, GA 30328 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER LAND Resource Group INC. 2000 Riveredge Parkway Suite 580 ATLANTA GEORGIA 30328 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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] J. Robert Ward 3-18-05 770-818-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #