


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M04000002286</b>	
1. Entity Name BLUE RIBBON SEBASTIAN, LLC	

Principal Place of Business 3500 PIEDMONT ROAD, STE. 105 ATLANTA, GA 30305	Mailing Address 3500 PIEDMONT ROAD, STE. 105 ATLANTA, GA 30305
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**DO NOT WRITE IN THIS SPACE**



01092007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1239057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MASTERS, PAM ESQ  
 648 OCEAN SHORE BOULEVARD  
 ORMOND BEACH, FL 32176

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILCOX, JOHN W III 3500 PIEDMONT ROAD, STE. 105 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHASE, GEORGE E JR 3500 PIEDMONT ROAD, STE. 105 ATLANTA, GA 30305
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 04/17/07-80046-020 50.00

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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 #