

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005072

FILED
Jan 06, 2005
Secretary of State

Entity Name: FAIN-BRANCH PROPERTIES, LLC

Current Principal Place of Business:

9112 CASTLE PINES CIRCLE
MONTGOMERY, AL 36117

New Principal Place of Business:

Current Mailing Address:

9112 CASTLE PINES CIRCLE
MONTGOMERY, AL 36117

New Mailing Address:

FEI Number: 33-1071826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, WILLIAM
3758 NW 53RD LANE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FAIN, WILLIAM
Address: 9112 CASTLE PINES CIRCLE
City-St-Zip: MONTGOMERY, AL 36117

Title: MGRM () Delete
Name: FAIN, SHERYL
Address: 9112 CASTLE PINES CIRCLE
City-St-Zip: MONTGOMERY, AL 36117

Title: MGRM () Delete
Name: BRANCH, DEBORAH
Address: 1000 STEEPLES COURT
City-St-Zip: FALLS CHURCH, VA 22046

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM FAIN

MGRM

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date