

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000423

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** LANE REALTY CONSTRUCTION, LLC

**Current Principal Place of Business:**

11390 OLD ROSWELL ROAD, SUITE 100  
ATLANTA, GA 30004

**New Principal Place of Business:**

11390 OLD ROSWELL ROAD, SUITE 100  
ALPHARETTA, GA 30004

**Current Mailing Address:**

11390 OLD ROSWELL ROAD, SUITE 100  
ATLANTA, GA 30004

**New Mailing Address:**

11390 OLD ROSWELL ROAD, SUITE 100  
ALPHARETTA, GA 30004

**FEI Number:** 80-0131838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: LANE SERVICES LLC,  
Address: 11390 OLD ROSWELL ROAD, SUITE 100  
City-St-Zip: ATLANTA, GA 30004

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LANE SERVICES LLC,  
Address: 5555 GLENRIDGE CONNECTOR, SUITE 700  
City-St-Zip: ATLANTA, GA 30342

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 H. DONGES

CEO

04/27/2006

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