2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/1/2006-90035-006-$50.00-$50.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10: 33

DOCUMENT # M05000000604

1. Entity Name
PORPOISE CREEK, LLC

Principal Place of Business	Mailing Address
1015 COBB PLACE BLVD., N.W. KENNESAW GA 30144	1015 COBB PLACE BLVD., N.W. KENNESAW GA 30144

2. Principal Place of Business	3. Mailing Address 309 E Paces Ferry Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 500
City & State	City & State Atlanta, GA
Zip / Country	Zip 30305 / Country USA

2nd MOORE CR2E083 (4/06)

4. FEI Number 20-2352266 — 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUDERMILK, ROBERT C JR. 309 EAST PACES FERRY ROAD, N.E. ATLANTA GA 30305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOEN, CHRIS B 2018 POWERS FERRY ROAD, SUITE 650 ATLANTA GA 30339 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Member~~ P ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Member~~ Managing Member Pottinger, Charles T. 309 E Paces Ferry Rd, NE Atlanta, GA 30305 ☐ 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
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 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: Robert C. Loudermilk, Jr. _____ 678-402-3122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #