

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # M05000000604

1. Entity Name
PORPOISE CREEK, LLC



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

Mailing Address
**309 E PACES FERRY RD
SUITE 500
ATLANTA, GA 30305**



03142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000872916
04/10/08-80057-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LOUDERMILK, ROBERT C JR.
309 EAST PACES FERRY ROAD, N.E.
ATLANTA, GA 30305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHOEN, CHRIS B
2018 POWERS FERRY ROAD, SUITE 650
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MM
POTTINGER, CHARLES T
309 E PACES FERRY RD NE
ATLANTA, GA 30305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

3-25-08

Date

678-402-3210

Daytime Phone #