FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90035 043 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000004349

1. Entity Name
BYRD BROTHERS OF GEORGIA LLC

400088301

04132006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
~~116 W. ATHENS STREET~~ WINDER, GA 30680	~~116 W. ATHENS STREET~~ WINDER, GA 30680
2. Principal Place of Business: 313 Resource Parkway	3. Mailing Address: 313 Resource Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winder Ga	City & State: Winder Ga
Zip: 30680 Country	Zip: 30680 Country: Barrow

4. FEI Number: 20-3057671 — 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HORTON, JOHN D 116 W. ATHENS STREET WINDER, GA 30680	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Horton, John D 313 Resource Parkway Winder Ga 30680	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONNER, SCOTT D 116 W. ATHENS STREET WINDER, GA 30680	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Conner Scott D 313 Resource Parkway Winder Ga 30680	☑ 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
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: [signature] JOHN D. HORTON, MEMBER 4/14/06 770 868-5614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #