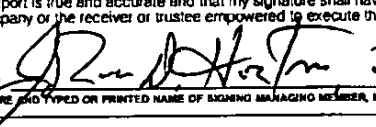


FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90035 043 ****55.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M05000004349			
1. Entity Name BYRD BROTHERS OF GEORGIA LLC			
Principal Place of Business 110 W. ATHENS STREET WINDER, GA 30680		Mailing Address 446 W. ATHENS STREET WINDER, GA 30680	
313 Resource Parkway		313 Resource Parkway	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Winder Ga		Suite, Apt. #, etc. Winder Ga	
City & State		City & State	
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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		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 file if applicable (NOTE: Registered Agent signature required when resigning) 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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM HORTON, JOHN D 118 W. ATHENS STREET WINDER, GA 30680 ☒ Delete		MGRM Horton, John D 313 Resource Parkway Winder Ga 30680 ☒ Change ☐ Addition	
MGRM CONNER, SCOTT D 116 W. ATHENS STREET WINDER, GA 30680 ☒ Delete		MGRM Conner Scott D 313 Resource Parkway Winder Ga 30680 ☒ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ 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:  JOHN D. HORTON, MEMBER 4/14/06		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

40088301



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