

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000005841**

1. Entity Name  
**RICHARDSON FAMILY INVESTMENTS, LLC**



Principal Place of Business  
**2169 LAWRENCEVILLE HIGHWAY, SUITE 200  
LAWRENCEVILLE, GA 30044**

Mailing Address  
**2169 LAWRENCEVILLE HIGHWAY, SUITE 200  
LAWRENCEVILLE, GA 30044**



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3571246**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HILL, GENE  
1208 OLD EUSTIS ROAD  
MT. DORA, FL 32457**

**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

*Gene Hill*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1-25-06*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**U00000412033  
02/10/06-80031-014 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RICHARDSON, ALLEN M  
2169 LAWRENCEVILLE HIGHWAY, SUITE 200  
LAWRENCEVILLE, GA 30044**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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:

*Allen M. Richardson*  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1-25-06*  
Date

*770-963-0359*  
Daytime Phone #