2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000006308

1. Entity Name

PALLET HOLDINGS LLC

945 EAST PACES FERRY ROAD

ATLANTA, GA 30326

Principal Place of Business 1250 RESURGENS PLAZA, SUITE 2100

Mailing Address

RESURGENS PLAZA, SUITE 2100 945 EAST PACES FERRY ROAD ATLANTA, GA 30326

FILED Jul 19, 2006 8:00 am Secretary of State

07-19-2006 90093 008 ****55.00

20049593



07132006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-3690917 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BALL, WILLIS M III 3672 RICHMOND STREET JACKSONVILLE, FL 32205

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| 8. The above named entity submits this statement | for the purpose of changing its regi- | stered office or registered agent | , or both, in the State of Florida. | I am familiar with, and accept |
|--|---------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| the obligations of registered agent. | | | | |
| 2, | • | | | |

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006

| 9. | MANAGING MEMBERS/MANAGERS |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATLANTA, GA 30326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BALL, WILLIS M III 3672 RICHMOND STREET JACKSONVILLE, FL 32205 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Howell Hollis III (Authorized Representative)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

07-14-06 404-962-1038

Daytime Phone #