

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002412

**FILED**  
**Feb 09, 2007**  
**Secretary of State**

**Entity Name:** SSI PMG LLC

**Current Principal Place of Business:**

4770 SOUTH ATLANTA ROAD  
SMYRMA, GA 30080

**New Principal Place of Business:**

4770 SOUTH ATLANTA ROAD  
SMYRNA, GA 30080

**Current Mailing Address:**

4770 SOUTH ATLANTA ROAD  
SMYRMA, GA 30080

**New Mailing Address:**

4770 SOUTH ATLANTA ROAD  
SMYRNA, GA 30080

**FEI Number:** 20-4831277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SUN SUITES INTERESTS, , LLLP  
Address: 4770 SOUTH ATLANTA ROAD  
City-St-Zip: SMYRMA, GA 30080

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SUN SUITES INTERESTS, , LLLP  
Address: 4770 SOUTH ATLANTA ROAD  
City-St-Zip: SMYRNA, GA 30080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C. DAVID CARLEY III

VP

02/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date