

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003790

Entity Name: KHAFRA OPERATIONS, LLC

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

225 PEACHTREE ST., N.E., STE. 1600  
ATLANTA, GA 303031730 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 PEACHTREE ST., N.E., STE. 1600  
ATLANTA, GA 303031730 US

**New Mailing Address:**

FEI Number: 20-1066978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FINNEY, LINNES JR ESQ.  
10960 PINE CREEK LANE  
PORT ST. LUCIE, FL 34986 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: MGRM  
Name: JONES, WAYMON  
Address: 225 PEACHTREE ST., N.E., STE. 1600  
City-St-Zip: ATLANTA, GA 303031730 US

Title: MGRM  
Name: BATES, VALENTINO  
Address: 225 PEACHTREE ST., N.E., STE. 1600  
City-St-Zip: ATLANTA, GA 303031730 US

Title: MGRM  
Name: HEWITT, BRANDON  
Address: 225 PEACHTREE ST., N.E., STE. 1600  
City-St-Zip: ATLANTA, GA 303031730 US

I hereby 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: WAYMON JONES

MGRM

03/22/2012

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