2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005355

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete

PONTE VEDRA BEACH, FL 32082

BROOME, STEPHEN

822 A1A NORTH STE 208

Entity Name: JULIAN LECRAW AND COMPANY, LLC

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1575 NORTHSIDE DRIVE BUILDING 100 STE 200 ATLANTA, GA 30318			1575 NORTHSIDE DRIVE BLDG 100, STE 200 ATLANTA, GA 30318			
Current Mailing Address:				New Mailing Address:		
1575 NORTHSIDE DRIVE BUILDING 100 STE 200 ATLANTA, GA 30318				1575 NORTHSIDE DRIVE BLDG 100, STE 200 ATLANTA, GA 30318		
FEI Number:	: 20-0712656	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
822 A1A N PONTE VE The above in the State	e of Florida.	, FL 32082 US	ourpose c	f changing its registere	d office or registered agent, or both	
SIGNATUF		ois Signature of Degistered Age			 Date	
Electronic Signature of Registered Agent MANAGING MEMBERS/MANAGERS:			3111	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	LECRAW, JÙL	IDE DRIVE BUILDING 100 STE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WALKER, LEE	IDE DRIVE BUILDING 100 STE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TOMPKINS, MI	IDE DRIVE BUILDING 100 STE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: MICHAEL TOMPKINS MGRM 04/08/2009