

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005541

**Entity Name:** ATS PARTNERSHIP LLC

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

501 S WEST ST.  
BAINBRIDGE, GA 39819

**New Principal Place of Business:**

**Current Mailing Address:**

501 S WEST ST.  
BAINBRIDGE, GA 39819

**New Mailing Address:**

P O BOX 1306  
BAINBRIDGE, GA 39818

**FEI Number:** 04-3642851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAGANELLA, JAMES A  
2255 KILEARN CENTER BLVD. SUITE 101  
TALLAHASSEE, FL 32309 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  
Name: WHITTAKER, CHARLES W  
Address: P.O. BOX 1306  
City-St-Zip: BAINBRIDGE, GA 39818

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: CHARLES W WHITTAKER

MGR

05/02/2011

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