


50.0

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M97000000826

1. Entity Name
SOUTHERN PROPERTY INVESTORS OF GEORGIA, LLC



SECRET FILED
DIVISION OF STATE REGISTRATIONS
06 FEB 20 AM 10:45

Principal Place of Business
2839 PACES FERRY ROAD
STE 560
ATLANTA, GA 30339

Mailing Address
2839 PACES FERRY ROAD
STE 560
ATLANTA, GA 30339

Handwritten initials



2. Principal Place of Business
6640 Powers Ferry Rd
Suite, Apt. #, etc.
Suite 100
City & State
Atlanta GA
Zip
30339

3. Mailing Address
6640 Powers Ferry Rd
Suite, Apt. #, etc.
Suite 100
City & State
Atlanta, GA
Zip
30339

Country
USA

01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2345149

5. Certificate of Status Desired \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
PRICE, ROY
1615 REGATTA DRIVE
AMELIA ISLAND, FL 32034

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURRY, ANGELA V 1115 WEST NANCY CREEK DRIVE ATLANTA, GA 30319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSON, NANCY 1115 WEST NANCY CREEK DRIVE ATLANTA, GA 30319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000066812900 02/28/06--01025--020 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *[Signature]* 2-9-06 904335-0431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #