

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90074 022 ****50.00

DOCUMENT # M98000000066

1. Entity Name
GREAT ATLANTIC NEWS L.L.C.



Principal Place of Business
5335 FULTON INDUSTRIAL BLVD.
ATLANTA, GA 30336-2401

Mailing Address
214 N TRYON ST 47TH FLOOR
ATTN: IOLENE BEATY
CHARLOTTE, NC 28202-4006

64001879



2. Principal Place of Business
4070 Shirley Drive, SW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-LLC CR2E083 (10/03)

City & State
Atlanta, Georgia

City & State

4. FEI Number
52-2069613

Applied For
Not Applicable

Zip
30336

Country

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME OLSON, PETER
STREET ADDRESS 802 CHESWICH CT.
CITY-ST-ZIP MARIETTA, GA 30067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME MCALEER, JIM
STREET ADDRESS 535 FRANCIS POINT
CITY-ST-ZIP DULUTH, GA 30097

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GEE, CHARLES E
STREET ADDRESS 3490 PIEDMONT DRIVE
CITY-ST-ZIP DOUGLASVILLE, GA 30135

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3490 Pinemont Drive
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles E. Gee

Charles E. Gee

01/16/04

Date




404-691-2800

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Attachment

DOCUMENT # M980000000066 1. Entity Name GREAT ATLANTIC NEWS L.L.C.					
Principal Place of Business 5335 FULTON INDUSTRIAL BLVD. ATLANTA, GA 30336-2401				Mailing Address 214 N TRYON ST 47TH FLOOR ATTN: JOLENE BEATY CHARLOTTE, NC 28202-4006	
2. Principal Place of Business 4070 Shirley Drive, SW Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Atlanta, Georgia		City & State		4. FEI Number 52-2069613	
Zip 30336		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLSON, PETER 802 CHESWICH CT. MARIETTA, GA 30067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCALEER, JIM 535 FRANCIS POINT DULUTH, GA 30097	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEE, CHARLES E 3490 PIEDMONT DRIVE DOUGLASVILLE, GA 30135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3490 Pinemont Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Charles E. Gee 01/16/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 404-691-2800 Daytime Phone #		

Kennedy Covington
ATTORNEYS AT LAW

Attachment
M98000000066

Jolene Beaty, Paralegal
704/331-5731
jbeaty@kennedycovington.com

January 22, 2003

Division of Corporations
Registration Section
P.O. Box 6478
Tallahassee, FL 32314

RE: Great Atlantic News, L.L.C.

Dear Sir or Madam:

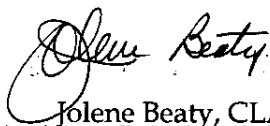
Enclosed please find the following:

1. Original and one copy of 2004 Limited Liability Company Annual Report; and
2. Check in the amount of \$50.00 for the filing fee.

Please file the report and return a file stamped copy to my attention in the enclosed self-addressed, stamped envelope.

Please call me (704/331-5731) if you have any questions.

Very truly yours,


Jolene Beaty, CLA
Paralegal for the Firm

Enclosures

cc: Lesley Scott (w/enc.)
Stephen K. Rhyme (w/o enc.)