2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000066

1. Entity Name

GREAT ATLANTIC NEWS L.L.C.



Principal Place of Business

4070 SHIRLEY DRIVE SW ATLANTA, GA 30336-2401 Mailing Address

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

FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90059 019 ****50.00



01052006 No Chg-LLC

CR2E083 (11/05)

40<u>4-691-2800 X245</u>

4. FEI Number 52-2069613

Applied For Not Applicable

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

SIGNATURE!

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	named entity submits this statement for the purpose of changing its reions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
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, 2006		The Control of the Co
9	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLSON, PETER 802 CHESWICH CT. MARIETTA, GA 30067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEEBACH, JOHN 4070 SHIRLEY DRIVE, SW ATLANTA, GA 30336	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
indicated	certify that the information supplied with this filing does not qualify for on this report is true and accurate and that my signature shall have utility company or the receiver or trustee oppowered to execute this	r the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am a managing member or manager of the report as required by Chapter 608, Florida Statutes.

John Seebach

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