2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 02, 2006 08:00 Al Secretary of State

DOCUMENT # M9800000178				Secretary of Sta
1. Entity Name MERIAL LLC				
Principal Place of Business Mailing Address 3239 SATELLITE BLVD. 3239 SATELLITE BLVD.				
DULUTH, GA 30096 DULUTH, GA 30096			i neggeri de jejel edir edik edid eðik öðum aðik öðum eðik ítöld jeggel deggel mið eði	
DO NOT WRITE IN THIS SPA			CE	07202006 No Chg-LLC CR2E083 (11/05)
DO NOT WITH IN THIS STA			4. FEI Number Applied For 52-2048950 Not Applicable	
· · · · · · · · · · · · · · · · · · ·	C. Nome and Address of Correct	Jarieta and Amont	,	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			DO NOT WRITE	
PLANTATION, FL 33324			IN THIS SPACE	
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 a	and title if applicable (NOTE Registe	red Agent signeture require	d when renstating) DATE
Filing Fee is \$50.00 Due by September 6, 2006			71	U00000573155 08/02/06-80004-016 50.00
9.	MANAGING MEMBE	RS/MANAGERS		
' TITLE NAME	AS THESING, W. JOSEPH JR		¢.	
STREET ADDRESS	3239 SATELLITE BLVD.		Į.	
CITY-ST-7iP	DULUTH, GA 30096		-	
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TITLE	 		-	
NAME PROST + DODGO				
STREET ADDRESS CITY-ST-ZIP DILE			DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP		<u> </u>	1	
TITLE NAME				•
STREET ADDRESS				`,

11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PED OR PROTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

24 July 06 678 638-373