

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90204 017 ****50.00

DOCUMENT # M98000000821 1. Entity Name PEACHTREE FRANCHISE FINANCE, LLC					
Principal Place of Business 2839 PACES FERRY ROAD, SUITE 1170 ATLANTA, GA 30339			Mailing Address 2839 PACES FERRY ROAD, SUITE 1170 ATLANTA, GA 30339		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2373365	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 BOOTH, RANDY 2859 PACE FERRY ROAD SUITE 300 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2839 Paces Ferry Road, Suite 1170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGANFIELD, MARK 2859 PACE FERRY ROAD SUITE 300 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2839 Paces Ferry Road, Suite 1170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNN, SCOTT 2859 PACE FERRY ROAD SUITE 300 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2839 Paces Ferry Road, Suite 1170
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
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
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
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:			Scott Dunn		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
(770) 803-6800			Daytime Phone #		