

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000391

FILED
Jan 04, 2006
Secretary of State

Entity Name: SLD PROPERTIES (GEORGIA), LLC

Current Principal Place of Business:

6640 POWERS FERRY ROAD, SUITE 100
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

6640 POWERS FERRY ROAD
SUITE 100
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 58-2340998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOZOFF, MICHAEL
HERZFELD & RUBEN
801 BRICKELL AVE., SUITE 1501
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOZOFF ASSOCIATES, L, LC
Address: 6640 POWERS FERRY ROAD, SUITE 100
City-St-Zip: ATLANTA, GA 30339

Title: MGRM () Delete
Name: FCGI ASSOCIATES, LLC,
Address: 6640 POWERS FERRY ROAD, SUITE 100
City-St-Zip: ATLANTA, GA 30339

Title: MGRM () Delete
Name: CONCORD VENTURES, LL, C
Address: 6640 POWERS FERRY ROAD, SUITE 100
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBRA J. CARLSON

TRS

01/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date