




**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001042			
1. Entity Name RICHARDSON ARMS (GA), L.L.C.			
Principal Place of Business 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919		Mailing Address 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919	
DO NOT WRITE IN THIS SPACE			
		 05012006No Chg-LLC. CR2E083 (11/05)	
		4. FEI Number 58-2478153	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 LIGHTSEY, ALTON 808 S. DENNING DR. WINTER PARK, FL 32789		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REED, JOSEPH W 813 NORTSHORE DIRVE, SUITE 201 KNOXVILLE, TN 37919		
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11. I hereby certify that the information supplied with this filing 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 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: <u>Joseph W Reed</u> <u>Joseph W. Reed</u>		Date	Daytime Phone #