2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000060595

1. Entity Name

GEORGIA I-85 MANAGEMENT COMPANY, INC.



Apr 29, 2004 08:00 AM Secretary of State

FILED

Principal Place of Business

C/O GARY S EDINGER 305 NE 1ST ST GAINESVILLE, FL 32601 Mailing Address

C/O GARY S EDINGER 305 NE 1ST ST GAINESVILLE, FL 32601



04202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3725887 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDINGER, GARY S 305 NE 1ST ST GAINESVILLE, FL 32601

SIGNATURE:

SIGNATURE AND

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| The obligations of registered agent | | | | | | |
|--|--|--|-----|--------------------------------|---|--|
| SIGNATURE Signature rybed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating). DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution | | | · - | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | <u> </u> | |
| TITLE NAME STREET ADDRESS CITY-ST ZIP | PD SULLIVAN, ASHER G JR 17035 SE COUNTY RD 234 MICANOPY, FL 32667 | | | | UCOCCC141563 34/30/04-80015-015 158.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-24P | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| NAME STREET ADDRESS JULY JULY | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST ZIP | | | | | | |
| 12. Thereby 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 or supplied eport is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of, thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | |

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR