2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT Mar 26, 2007 08:00 AM Secretary of State DOCUMENT # L00000000963 1. Entity Name MARY ANN APARTMENTS, L.L.C. Principal Place of Business Malling Address 9414 SPRING HILL DRIVE 9414 SPRING HILL DRIVE SPRING HILL, FL 34608 SPRING HILL, FL 34608 02272007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3648275 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent ROETMAN, THOMAS DO NOT WRITE 9414 SPRING HILL DRIVE SPRING HILL, FL 34608 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 agen; and tills if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS TITLE ROETMAN, THOMAS NAME 9414 SPRING HILL DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 TITLE NAME STREET ADDRESS 04/03/07-80018-023 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I nereby 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 another 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: X L.KUC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

THOMASROETMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylim# Phone #

FILED