2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000000711

1. Entity Name
ASBURY PARK APARTMENTS OF GAINESVILLE, LLC

Principal Place of Business	Mailing Address
6110 NW 1ST PLACE, SUITE A GAINESVILLE, FL 32607	6110 NW 1ST PLACE, SUITE A GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE

02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3685585
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEY, LAURA B
6110 NW 1ST PLACE, SUITE A
GAINESVILLE, FL 32607

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHEY ASSOCIATES, INC.
STREET ADDRESS	6110 NW 1ST PLACE, SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/16/04-80035-008 50.00

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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: MGR MEMBER President/LAURA SHEY 2-9-04 (352)331-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #