

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90015 049 ****50.00

DOCUMENT # M01000000346

1. Entity Name
THE APARTMENT GROUP, LLC



Principal Place of Business
**1201 WEST PEACHTREE STREET, STE. 3300
ATLANTA, GA 30309**

Mailing Address
**1201 WEST PEACHTREE STREET, STE. 3300
ATLANTA, GA 30309**

24065527



04192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2600464

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CUSHMAN & WAKEFIELD OF GEORGIA, INC.
1201 WEST PEACHTREE STREET, STE. 3300
ATLANTA, GA 30309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *Michael C. Flood* **Michael C. Flood** 4-29-04 212-541-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #