

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90129 040 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2600464	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ☐ Delete CUSHMAN & WAKEFIELD OF GEORGIA, INC. 1201 WEST PEACHTREE STREET, STE. 3300 ATLANTA, GA 30309			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 4-29-05 212-841-7726 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT
20053561
#m01000000346

TAG THE APARMENT GROUP LLC.
OFFICERS

OFFICERS	TITLE	BUSINESS ADDRESS
MOSLER, BRUCE E.	PRESIDENT	51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178
DOWD, THOMAS P.	SENIOR VICE PRESIDENT & CHIEF FINANCIAL OFFICER	51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178
SINGLETON, KENNETH P.	EXECUTIVE MANAGING DIRECTOR GENERAL COUNSEL & SECRETARY	51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178
CLERKIN, FRANCIS P.	TREASURER	51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178
MERCER, STEPHANIE A.	ASSISTANT SECRETARY	51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178
FLOOD, MICHAEL G.	CONTROLLER & ASSISTANT TREASURER	51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178