2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000000346

1. Entity Name
THE APARTMENT GROUP, LLC

Principal Place of Business	Mailing Address
3300 ONE ATLANTIC CENTER, 1201 W. PEACHTREE STREET ATLANTA, GA 30309 US	800 N. MAGNOLIA AVENUE SUITE 450 ORLANDO, FL 32803 US

DO NOT WRITE IN THIS SPACE

04202007 No Chg-LLC CR2E083 (11/05)

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

RICHEY, LARRY D
800 N. MAGNOLIA AVENUE
SUITE 450
ORLANDO, FL 32803

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CUSHMAN & WAKEFIELD OF GEORGIA, INC.
STREET ADDRESS	1201 WEST PEACHTREE STREET, STE. 3300
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	
NAME	
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05/21/07-80003-014 50.00

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11. I hereby 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 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: AV _____ 4/26/07 212-713-6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #