


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90117 001 \*\*\*350.00

<b>DOCUMENT # M05000001151</b>	
1. Entity Name OAK RAMBLE APARTMENTS INVESTORS, LLC	

Principal Place of Business 5080 SPECTRUM DR, STE 1070 EAST ADDISON, TX 75001	Mailing Address 5080 SPECTRUM DR, STE 1070 EAST ADDISON, TX 75001
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JUUUU01J

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04282006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIO MILESTONE PARENT LP 5080 SPECTRUM DR, STE 1070 EAST ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: See attached signature page Date: April 28, 2006 Daytime Phone #: 972-490-2800

ATTACHMENT  
3000 12519  
#M05000001151

**SIGNATURE ADDENDUM**  
**FOR**  
**FLORIDA – ANNUAL REPORT**

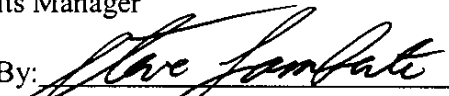
**Date: April 28, 2006**

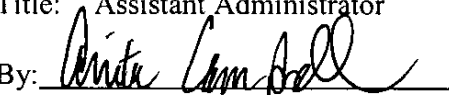
**Oak Ramble Apartments Investors, LLC, a Delaware limited liability company**

By: TIO Milestone Parent LP, a Delaware limited partnership, its Manager

By: TIO Milestone Parent GP LLC, a Delaware limited liability company, its General Partner

By: TIO Milestone LP, a Delaware limited partnership, Its Manager

By:   
Name: Steve Camberti  
Title: Assistant Administrator

By:   
Name: Anita Campbell  
Title: Assistant Administrator