

FILED  
Jul 02, 2007 8:00 am  
Secretary of State

05-14-2007 90379 001 \*1,600.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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| <b>DOCUMENT # M06000005668</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |                                                 |                                                                   |
| 1. Entity Name<br>APARTMENTS AT PALM HARBOR FLORIDA, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>12100 WILSHIRE BLVD., SUITE 250<br>LOS ANGELES, CA 90025                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           | Mailing Address<br>12100 WILSHIRE BLVD., SUITE 250<br>LOS ANGELES, CA 90025                                                      |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           | 3. Mailing Address                                                                                                               |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           | Suite, Apt. #, etc.                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | City & State                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Country                                                                                                                   | Zip                                                                                                                              | Country                                                           |
| 4. FEI Number<br>20-5874383                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | Applied For<br>Not Applicable                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           | \$5.00 Additional Fee Required                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br>NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE, SUITE 4<br>WESTON, FL 33331                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                                                                                                                  |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | Make check payable to<br>Florida Department of State                                                                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | 10. ADDITIONS/CHANGES                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>NVC CNL MELBER I, LLC<br>12100 WILSHIRE BLVD., SUITE 250<br>LOS ANGELES, CA 90025 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 of the company and I am authorized to execute this report as required by Chapter 606, Florida Statutes. |                                                                                                                           |                                                                                                                                  |                                                                   |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           | 5/1/2007 (310)826-7301                                                                                                           |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           | Date Daytime Phone #                                                                                                             |                                                                   |