2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 03, 2005 8:00 am Secretary of State 08-03-2005 90063 042 ***558 75 **DOCUMENT #852062** 1. Entity Name MACATTEE, INC. 50059659 Principal Place of Business Mailing Address 500 HARBORVIEW DR. C/O GABLES RESIDENTIAL SERVICES, INC. 5600 SW 12TH ST., LEASING OFFICE 3RD FLOOR BALTIMORE, MD 21230 NORTH LAUDERDALE, FL 33068 CR2E034 (10/03) 06302005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-0852722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GABLES RESIDENTIAL SERVICES, INC. DO NOT WRITE ATTN: PAT WRIGHT 5600 S.W. 12TH ST IN THIS SPACE NORTH LAUDERDALE, FL 33068 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE-HETTLEMAN, STUART NAME TI4 EAST 25TH STREET 500 HARBORVIEW DR STREET ADDRESS BALTIMORE, MD 21248 380 CITY-ST-ZIP TITI F TAWNEY, BOSLEY 6 TI4 EAST 25TH STREET STREET ADDRESS BALTIMORE, MD-21218 CITY-ST-ZIP TITLE TYLER, VICTORIA J NAME STREET ADDRESS 144 EAST 25TH STREET DO NOT WRITE BALTIMORE, MD-21218 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

The Third Third Tawny | I | Part of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered.

**The Third Th

NAME STREET ADDRESS CITY-ST-ZIP

410-230-0300

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