

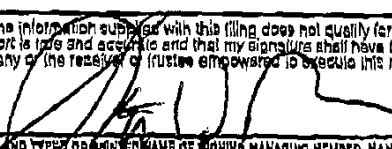
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JULIAN LECRAW

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90019 032 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014960			
1. Entity Name LAKEVIEW APARTMENTS OF FT. LAUDERDALE, L.L.C.			
Principal Place of Business 5200 N.W. 31ST AVENUE FT. LAUDERDALE, FL 33309		Mailing Address 5200 N.W. 31ST AVENUE FT. LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address HARBERT REALTY SERVICES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1901 6th AVENUE No. 5200	
City & State		City & State Birmingham, AL	
Zip	Country	Zip	Country
		35203	USA
4. PEI Number NOT APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RODGERS, BILL A C/O SMITH, GAMBRELL & RUSSELL, LLP BANK OF AMERICA TWR 50 N LAURA ST STE 2000 JACKSONVILLE, FL 32202		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 date if applicable. (NOT for registered agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOME, STEVE 1576 NORTHSIDE DRIVE N.W., BLDG. 100, #200 ATLANTA, GA 30318	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 609, Florida Statutes.			
SIGNATURE: 		Date: 4-30-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

24064763



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