

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

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 HARBERT REALTY SERVICES 1901 6TH AVENUE NO. ST # 2001 BIRMINGHAM, AL 35203	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RODGERS, BILL A C/O SMITH, GAMBRELL & RUSSELL, LLP BANK OF AMERICA TWR 50 N LAURA ST STE 2000 JACKSONVILLE, FL 32202		4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable
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 relinquishing)		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		UN00000310407 04/18/05-80003-019 50.00 DO NOT WRITE IN THIS SPACE
TITLE	MGRM	
NAME	BROOME, STEVE	
STREET ADDRESS	1575 NORTHSIDE DRIVE N.W., BLDG. 100, #200	
CITY-ST-ZIP	ATLANTA, GA 30318	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 partner or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.		
SIGNATURE: <u>[Signature]</u> <u>Manager</u> <u>4-14-05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #