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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90647 037 ****50.00

DOCUMENT # L00000014961

1. Entity Name
MEADOW LAKES APARTMENTS, L.L.C.

Principal Place of Business	Mailing Address
VILLAS AT MEADOW LARES 1258 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	VILLAS AT MEADOW LARES 1258 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442

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05232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1055775
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BILL ROGERS/SMITH, GAMBRELL & RUSSELL LLP
BANK OF AMERICA TOWER - SUITE 2200
50 NORTH LAURA STREET
JACKSONVILLE, FL 32202

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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)

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	VP
NAME	DANIELS, VICKI
STREET ADDRESS	1258 SOUTH MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

TOTAL P.02