



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015164 1. Entity Name COURTNEY AT PAPAGO PARK, LLC						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2004 MAR 31 A 9:28</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 100 COLONIAL CENTER PARKWAY, SUITE 470 LAKE MARY, FL 32746				Mailing Address 100 COLONIAL CENTER PARKWAY, SUITE 470 LAKE MARY, FL 32746			
2. Principal Place of Business		3. Mailing Address		03022004 Chg-LLC CR2E083 (10/03) 4. FEI Number <div style="border: 1px solid black; padding: 2px;">59-3715658</div> <div style="border: 1px solid black; padding: 2px; float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="border: 1px solid black; padding: 2px; float: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>			
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COURTNEY AT PAPAGO PARK DEVELOPMENT, INC			NAME	<div style="font-size: 1.2em; font-weight: bold;">000031548460</div> <div style="font-size: 0.8em;">03/31/04--01019--002 **213.75</div>		
STREET ADDRESS	100 COLONIAL CENTER PKWY STE 470			STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP			
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: <u>John Schaffer</u> JOHN SCHAFER 3-11-04 407-333-0066 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small> <small>Daytime Phone #</small>			