

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90148 050 ****50.00

20066301



DOCUMENT # L01000013243 1. Entity Name VICTORIA PLACE APARTMENTS, LLC					
Principal Place of Business 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO, FL 32801			Mailing Address 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO, FL 32801		
2. Principal Place of Business 12612 Victoria Pl Circle		3. Mailing Address 11200 Rockville Pike			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Ste 502			
City & State Orlando, FL		City & State Rockville MD		4. FEI Number 59-3739002	
Zip 32828		Country 		Zip 20852	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KGH CORPORATION 730 BONNIE BRAE STREET WINTER PARK, FL 32789 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: <i>Tom S. Cafard</i>			Date 7/24/05 Daytime Phone # 301-945-4300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					