2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019317

Entity Name

ZEPHYR APARTMENT PROPERTIES, L.L.C.



FILED Mar 27, 2006 08:00 AM Secretary of State

Principal Place of Business

753 E. GLENN AVE. AUBURN, AL 36831 Mailing Address

753 E. GLENN AVE. AUBURN, AL 36831

DO NOT WRITE IN THIS SPACE



03212006 Na Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3756184 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR. 369 N. NEW YORK AVE. WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

| | | SIN | I HIS SPACE |
|--|--|--|--|
| | e named entity submits this statement for the purpose of chang tions of registered agent. | ging its registered affice or registered agent, or b | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and little it applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Fi | iling Fee is \$50.00 ue by May 1, 2006 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SHANNON, MICHAEL V 753 E. GLENN AVE. AUBURN, AL 36831 | | |
| title Name Street Address City-St-Zip | MGR MCCONIHAY, STEVE 753 E. GLENN AVE. AUBURN, AL 36831 | | 04/11/06-80077-021-50.00 |
| TITLE NAME STREET ADDRESS CITY - ST-ZIP | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 cath; that I am a managing member or managor of the limited liability company in the receiver or trustee empoyaged to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:////////

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

321/06

34 821-0928

Daytime Phone it