

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90002 004 ****50.00

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| DOCUMENT # L01000019348 | |
| 1. Entity Name LEGACY PLACE APARTMENT HOMES, L.L.C. | |



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| Principal Place of Business 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431 | Mailing Address 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431 |
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24065747



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| 2. Principal Place of Business 31731 Northwestern Hwy Suite, Apt. #, etc. Ste 250 W City & State Farmington Hills, MI Zip 48334 Country USA | | 3. Mailing Address 31731 Northwestern Hwy Suite, Apt. #, etc. Ste 250 W City & State Farmington Hills, MI Zip 48334 Country USA | |
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01092004 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 38-3699346 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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| 6. Name and Address of Current Registered Agent LUPTAK, PAOLA M 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP | MGR LUPTAK, PAOLA 4700 NW BOCA RATON BLVD 4TH FLOOR BOCA RATON, FL 33431 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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

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

Harold Barnes 4/14/04

Date

Daytime Phone #