

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020557

FILED
Apr 22, 2004
Secretary of State

Entity Name: CHASCO APARTMENTS, LLC

Current Principal Place of Business:

5005 INTERBAY BOULEVARD
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

5005 INTERBAY BOULEVARD
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 58-2663019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERETT, ANTHONY
5005 INTERBAY BOULEVARD
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: INTERNATIONAL REALTY, INC
Address: 405 N ST MARY'S ST, SUITE 850
City-St-Zip: SAN ANTONIO, TX 78205

Title: MGR () Delete
Name: CARAWAY, JR, HUGH L
Address: 405 N. ST MARY'S ST, SUITE 850
City-St-Zip: SAN ANTONIO, TX 78205

Title: MGR (X) Delete
Name: PERRY, DANIEL J
Address: 405 N. ST. MARY'S ST, SUITE 850
City-St-Zip: SAN ANTONIO, TX 78205

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HUGH L. CARAWAY, JR.

CEO

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date