

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021100

**FILED**  
**Jan 06, 2007**  
**Secretary of State**

**Entity Name:** DOWNTOWN APARTMENT MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

45 SEMINOLE ST  
STUART, FL 34994

**New Principal Place of Business:**

45 W SEMINOLE ST  
STUART, FL 34994

**Current Mailing Address:**

45 SEMINOLE ST  
STUART, FL 34994

**New Mailing Address:**

45 W SEMINOLE ST  
STUART, FL 34994

**FEI Number:** 22-3861353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAID, MICHAEL  
45 SEMINOLE ST  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

BRAID, MICHAEL  
45 W SEMINOLE ST  
STUART, FL 34994 US

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: PETER BRAID

01/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRAID, PETER J  
Address: 45 SEMINOLE ST  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRAID, PETER J  
Address: 45 W SEMINOLE ST  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PETER BRAID

MGR

01/06/2007

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