

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90140 042 ****55.00

DOCUMENT # L02000009188

1. Entity Name
COLUMBIA APARTMENTS, L.L.C.



Principal Place of Business
12108 NORTH 56TH ST.
SUITE 3 AND 5
TAMPA, FL 33617

Mailing Address
12108 NORTH 56TH ST.
SUITE 3 AND 5
TAMPA, FL 33617

20010100

2. Principal Place of Business
2901 W. Busch Blvd
Suite, Apt. #, etc.
#901
City & State
TAMPA FLORIDA
Zip
33618
Country
USA

3. Mailing Address
2901 W. Busch Blvd
Suite, Apt. #, etc.
#901
City & State
TAMPA FLORIDA
Zip
33618
Country
USA



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
41-2037438

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
BEKIEMPIS, VINCENT
12108 NORTH 56TH ST.
TAMPA, FL 33617

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2901 W. Busch Blvd #901
City TAMPA FL Zip Code 33618

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 *Vincent Bekiempis* DATE 1/20/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEKIEMPIS, VINCENT 12108 RD. 56TH ST. TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2901 W. Busch Blvd #901 TAMPA, FL 33618 <input checked="" 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
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: *Vincent Bekiempis* (813) 915-9727

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