


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000010313**  
1. Entity Name  
**GEORGETOWN APARTMENTS,LLC**



Principal Place of Business      Mailing Address  
**4801 FAIROAKS AVE.**      **4801 FAIROAKS AVE.**  
**TAMPA, FL 33611**      **TAMPA, FL 33611**

**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>59-7225640</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOLCOMB, VICTOR W ESQ**  
**106 S. TAMPANIA AVE., STE. 200**  
**TAMPA, FL 33609**

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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

U00000144006  
04/30/04-80115-023 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/ KAUL, VIRGINIA B 4801 FAIRBANKS AVE. TAMPA, FL 33611
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** Virginia B. Kaul      Virginia B. Kaul      4/28-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #