


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90186 035 \*\*\*\*50.00

<b>DOCUMENT # L02000016033</b> 1. Entity Name <b>FLOYD APARTMENT HOLDINGS LLC</b>					
Principal Place of Business <b>4815 SOUTH U.S. HIGHWAY ONE FORT PIERCE, FL 34982</b>			Mailing Address <b>4815 SOUTH U.S. HIGHWAY ONE FORT PIERCE, FL 34982</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>02-0629306</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>FLOYD, MARK C 4815 SOUTH U.S. HIGHWAY ONE FORT PIERCE, FL 34982</b>			7. Name and Address of New Registered Agent Name <b>EDWARD W. BECHT</b> Street Address (P.O. Box Number is Not Acceptable) <b>321 So. Second Street</b> City <b>FT. PIERCE</b> <b>FL</b> Zip Code <b>34950</b>		
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 <u>Edward W. Becht</u> (NOTE: Registered Agent signature required when reinstating) DATE <b>2-4-04</b>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FLOYD, MARK C 4815 SO US 1 FORT PIERCE, FL 34982</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CLEVELAND, DAVID M 100 AVENUE FORT PIERCE, FL 34950</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FLOYD, LISA M 1203 MIDWAY RD FORT. PIERCE, FL 34982</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Mark C. Floyd</u> <b>MARK C. FLOYD</b>			Date <b>1-26-04</b> Daytime Phone # <b>772-461-4730</b>		