2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000017705

1. Entity Name
THE GARDEN APARTMENTS OF TALLAHASSEE, LLC

Principal Place of Business	Mailing Address
5155 WEST THARPE ST. TALLAHASSEE, FL 32303	5155 WEST THARPE ST. TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

01132006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
33-1019743	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BENTON, RICHARD E
1415 EAST PIEDMONT DR., STE. 4
TALLAHASSEE, FL 32308

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	RUDD, DAVID E	
STREET ADDRESS	9049 OLD CHEMONIE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		
NAME		
STREET ADDRESS		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _William S. Rudd_   William Rudd   1-16-06   850 580 2495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #