


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000017705**

1. Entity Name  
**THE GARDEN APARTMENTS OF TALLAHASSEE, LLC**



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

Mailing Address  
**5155 WEST THARPE ST.  
 TALLAHASSEE, FL 32303**

**DO NOT WRITE IN THIS SPACE**



01132006No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**33-1019743** Applied For  
 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**

**DO NOT WRITE IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDD, DAVID E 9049 OLD CHEMONIE RD TALLAHASSEE, FL 32309
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 01/23/06-60020-021 50.00

**DO NOT WRITE IN THIS SPACE**

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 #