


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

CK # 1008 2/13
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000017705 1. Entity Name THE GARDEN APARTMENTS OF TALLAHASSEE, LLC	
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Principal Place of Business 5155 WEST THARPE ST. TALLAHASSEE FL 32303	Mailing Address 5155 WEST THARPE ST. TALLAHASSEE FL 32303
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

1st MOORE CR2E083 (10/06)

Zip	Country	Zip	Country	4. FEI Number 33-1019743	Applied For Not Applicable
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6. Name and Address of Current Registered Agent BENTON, RICHARD E 1415 EAST PIEDMONT DR., STE. 4 TALLAHASSEE FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	RUDD, DAVID E	
STREET ADDRESS	9049 OLD CHEMONIE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE	U00000634519	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	02/22/07-80014-005 50.00		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David Rudd* *2/6/07 850 580 2495*

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