LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-03-2003 90020 020 ****50.00

DOCUMENT # L02000033216

1. Entity Name

AG MULTIFAMILY, LLC

Correct FEI
59-3765124

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
601 BAYSHORE BLVD	(SAME)
Suite, Apt. #, etc.: STE 650	Suite, Apt. #, etc.
City & State: TAMPA, FL.	City & State
Zip: 33606 Country: HILLSBOROUGH	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3765124 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHARLES FUNK

Street Address (P.O. Box Number is Not Acceptable): 601 BAYSHORE BLVD STE 650

City: TAMPA FL Zip Code: 33606

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 title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGER	
NAME	CHARLES FUNK	
STREET ADDRESS	601 BAYSHORE BLVD. STE 650	
CITY-ST-ZIP	TAMPA, FL. 33606	
TITLE	MANAGER	
NAME	JEFF MEEHAN	
STREET ADDRESS	601 BAYSHORE BLVD, STE 650	
CITY-ST-ZIP	TAMPA, FL. 33606	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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.

SIGNATURE: _____ Charles B. Funk 3/31/03 (813)251-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #