

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

05-04-2004 90022 045 ****50.00

DOCUMENT # L03000000956 1. Entity Name THE DIPLOMAT APARTMENT PARTNERS, LLC					
Principal Place of Business 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751			Mailing Address 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751		
2. Principal Place of Business 1053 MAITLAND CTR Commons Suite, Apt. #, etc. 200 City & State MAITLAND, FL Zip 32751		3. Mailing Address 1053 MAITLAND CTR Commons Suite, Apt. #, etc. 200 City & State MAITLAND, FL Zip 32751		04262004 Chg-LLC CR2E083 (10/03) 4. FSI Number 27-0042714	
Country ORANGE		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, BERRY J JR ESQ C/O WALKER AND ASSOCIATES, ATTORNEYS, P.A. 235 MAITLAND AVENUE SOUTH, SUITE 216 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, BERRY J JR. 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<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.					
SIGNATURE:				APR 28 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	