


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000000956 1. Entity Name THE DIPLOMAT APARTMENT PARTNERS, LLC	
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Principal Place of Business 1053 MAITLAND CENTER COMMONS 200 MAITLAND, FL 32751	Mailing Address 1053 MAITLAND CENTER COMMONS 200 MAITLAND, FL 32751
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04112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0042714	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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**

**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  **BERRY WALKER** 4/28/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) Date

**Filing Fee is \$50.00
Due by May 1, 2006**


**U00000559632
05/18/06-80009-001 400.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, BERRY J JR. 1053 MAITLAND CENTER COMMONS, #200 MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **BERRY WALKER** 4/28/06 407-478-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone