


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90276 012 ****50.00

DOCUMENT # L03000001520		
1. Entity Name SEVILLE APARTMENTS L.L.C.		

Principal Place of Business 620 SAINT MICHAEL STREET TALLAHASSEE, FL 32304	Mailing Address 620 SAINT MICHAEL STREET TALLAHASSEE, FL 32304
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2. Principal Place of Business 1420 N. Meridian Rd		3. Mailing Address P.O. Box 2535	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee, FL	
Zip 32303	Country	Zip 32304	Country

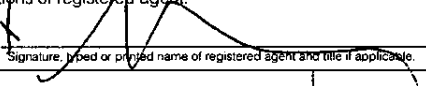


03042004 Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0817739		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROSEN, PETER S 620 SAINT MICHAEL STREET TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name Rosen, Peter Street Address (P.O. Box Number is Not Acceptable) 2020 W. Pensacola Suite 27 City Tallahassee FL Zip Code 32310	
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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 **3/4/04**

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, PETER S 620 SAINT MICHAEL STREET TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2020 West Pensacola Tallahassee, FL 32306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> 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"/> Delete	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:  DATE **3/4/04** DAYTIME PHONE # **580-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE