


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

T. Roberts MAY 05 2005

<b>DOCUMENT # L03000027570</b> 1. Entity Name COURTNEY ESTATES APARTMENTS, LLC	
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FILED

05 APR 26 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 100 COLONIAL CENTER PARKWAY, SUITE 470 LAKE MARY, FL 32746	Mailing Address 100 COLONIAL CENTER PARKWAY, SUITE 470 LAKE MARY, FL 32746
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
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01102005    Chg-LLC    CR2E083 (10/03)

**6. Name and Address of Current Registered Agent**

O'KEEFE, DANIEL T ESQ.  
 C/O SHUTTS & BOWEN LLP  
 300 SOUTH ORANGE AVENUE, SUITE 1000  
 ORLANDO, FL 32801-5403

4. FEI Number 03-0524659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ FL      Zip Code \_\_\_\_\_

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 reconstating)      DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM COURTNEY ESTATES APARTMENTS, LLC <input type="checkbox"/> Delete	TITLE	700054345047 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTNEY ESTATES APARTMENTS, LLC	NAME	05/12/05--01081--013 ***213.75
STREET ADDRESS	100 COLONIAL CENTER PKWY, #470	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGIER, GERALD D	NAME	
STREET ADDRESS	216 NOBO HILL CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, JOHN	NAME	
STREET ADDRESS	3138 WINGING PINE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, DAVID G	NAME	
STREET ADDRESS	2032 VISTA OAKS DR.	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGIER, MARK	NAME	
STREET ADDRESS	616 GRAND CYPRESS POINT	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** John Schaffer      JOHN SCHAFFER      4-11-05      407-333-0066

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