


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90120 021 ****50.00

DOCUMENT # L03000054812 1. Entity Name MELBOURNE APARTMENT ASSOCIATES I, L.L.C.																											
Principal Place of Business 753 E. GLENN AVENUE AUBURN, AL 36831 AL		Mailing Address 753 E. GLENN AVENUE AUBURN, AL 36831 AL																									
2. Principal Place of Business Suite, Apt. #, etc. 753 E. Glenn Ave Auburn, AL City & State 36831 Zip Country		3. Mailing Address Suite, Apt. #, etc. 753 E. Glenn Ave Auburn, AL City & State 36831 Zip Country																									
4. FEI Number 58-2681056		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04222004 Chg-LLC CR2E083 (10/03)																									
6. Name and Address of Current Registered Agent BUILDER, J. LINDSAY JR., ESQ 369 N. NEW YORK AVE., 3RD FLOOR WINTER PARK, FL 32789		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHANNON, MICHAEL V</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>753 E. GLENN AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AUBURN, FL 36831</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	SHANNON, MICHAEL V		STREET ADDRESS	753 E. GLENN AVENUE		CITY-ST-ZIP	AUBURN, FL 36831		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Shannon, Michael V.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>753 E. Glenn Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Auburn, AL 36831</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Shannon, Michael V.		STREET ADDRESS	753 E. Glenn Avenue		CITY-ST-ZIP	Auburn, AL 36831	
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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 _____

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

4/29/04

Date

407-316-8544, X203

Daytime Phone #