

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000054812**

1. Entity Name  
**MELBOURNE APARTMENT ASSOCIATES I, L.L.C.**



Principal Place of Business  
**753 E. GLENN AVENUE  
AUBURN, FL 36831**

Mailing Address  
**753 E. GLENN AVENUE  
AUBURN, FL 36831**

**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-LLC

CR2ED83 (11/05)

4. FEI Number  
**58-2681056**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

**BUILDER, J. LINDSAY JR., ESQ  
369 N. NEW YORK AVE., 3RD FLOOR  
WINTER PARK, FL 32789**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000487489  
04/13/06-80078-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SHANNON, MICHAEL V
STREET ADDRESS	753 E. GLENN AVENUE
CITY-ST-ZIP	AUBURN, FL 36831
TITLE	MGR
NAME	BUSH, DOUGLAS C
STREET ADDRESS	4203 VINELAND ROAD, SUITE K-13
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

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

3/21/06

Date

334/821-0928

Daytime Phone #