2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

GITY-ST-ZIP

SIGNATURE

Apr 19, 2006 08:00 AM Secretary of State **DOCUMENT # L04000001228** 1. Entity Name MCCOBE APARTMENTS, L.L.C. Mailing Address Principal Place of Business 3129 49TH STREET NORTH 3129 49TH STREET NORTH ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 CR2E083 (11/05) 02102006 No Chg-LLC 4. FEI Number Applied For 59-6923019 Not Applicat \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PULLUM, J. STEPHEN 1330 W. CITIZENS BLVD STE. 701 LEESBURG, FL 34748 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 U000000518630 05/02/06-80020-003 50.00 MANAGING MEMBERS/MANAGERS ٥. MGRM TITLE MCCOBE APARTMENTS LAND TRUST NAME STREET ADDRESS 3129 49TH STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33710 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZYP TITLE NAME STREET ADDRESS

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.

FILED