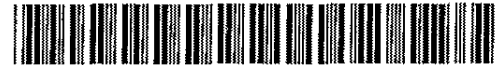


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000066234	
1. Entity Name M STREET CONDOMINIUMS, LLC	
Principal Place of Business 100 ATLANTA TECHNOLOGY CENTER, SUITE 200 1575 NORTHSIDE DRIVE, NW ATLANTA, GA 30318	Mailing Address 100 ATLANTA TECHNOLOGY CENTER, SUITE 200 1575 NORTHSIDE DRIVE, NW ATLANTA, GA 30318



08022007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1674621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STANFORD, DOUGLAS G
50 NORTH LAURA STREET, SUITE 2600
BANK OF AMERICA TOWER
JACKSONVILLE, FL 32202

**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 retesting) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JULIAN LECRAW AND COMPANY, LLC 1575 NORTHSIDE DRIVE , NW 100 ATC, STE 200 ATLANTA, GA 30318
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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09/07/07-80004-016 50.00

**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

Date

Daytime Phone #