2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# L04000068403

Entity Name: CORNELL APARTMENTS, LLC

Current Principal Place of Business:

14139 COUNTRY ESTATES DRIVE
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

14139 COUNTRY ESTATES DRIVE
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 84-1658596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILIP L. LOGAS, P.A.
55 E. PINE STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	LOBO, TIFFANY S	
Address:	14139 COUNTRY ESTATES DRIVE	
City-St-Zip:	WINTER GARDEN, FL 34787 US	
Title:	MGRM	( ) Delete
Name:	KNAPP, ARTHUR	
Address:	13220 SHORE DRIVE	
City-St-Zip:	WINTER GARDEN, FL 34787 US	
Title:	MGRM	( ) Delete
Name:	KRAMER, SCOTT	
Address:	511 E. LAKE SUE AVENUE	
City-St-Zip:	WINTER PARK, FL 32789 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIFFANY LOBO MGRM 04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date