2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# L04000089928

Entity Name: TYRONE PLACE APARTMENTS, LLC

Current Principal Place of Business:

145 KEY HAVEN ROAD
KEY WEST, FL 33040

New Principal Place of Business:

800 TYRONE BLVD
ST PETERSBURG, FL 33701

Current Mailing Address:

145 KEY HAVEN ROAD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOULE, THOMAS
145 KEY HAVEN ROAD
KEY WEST, FL 33040 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: SOULE, THOMAS
Address: 145 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: CRONE, LINCOLN E
Address: 400 83RD AVE N
City-St-Zip: ST PETERSBURG, FL 33702 PI

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: THOMAS W SOULE MGR 02/15/2005

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