

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90007 004 ****50.00

20045173



DOCUMENT # L05000001172					
1. Entity Name GADSDEN ARMS APARTMENTS OF QUINCY, LLC					
Principal Place of Business 427 SOUTH STEWART STREET QUINCY, FL 32351			Mailing Address 427 SOUTH STEWART STREET QUINCY, FL 32351		
2. Principal Place of Business		3. Mailing Address 4000 B. St. Johns Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #22			
City & State		City & State Jacksonville, FL			
Zip	Country	Zip 32205	Country	4. FEI Number 20-2106695	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUCHENIN, CLAIRE A 2940 KERRY FOREST PARKWAY SUITE 202 TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name: Ken Cravey Street Address (P.O. Box Number is Not Acceptable): 4000 B St. Johns Ave Suite 22 City: Jacksonville FL Zip Code: 32205		
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 			DATE 4-26-06		
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEACOCK, EMORY G 2319 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DATE 4-26-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					