


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000051214 1. Entity Name DWELL APARTMENTS, LLC.	
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Principal Place of Business % THE KLEIN COMPANY 1735 MARKET ST., SUITE 4010 PHILADELPHIA, PA 19103	Mailing Address % THE KLEIN COMPANY 1735 MARKET ST., SUITE 4010 PHILADELPHIA, PA 19103
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03132008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2918797	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  HOCTOR, JAMES J 215 N. EOLA DRIVE ORLANDO, FL 32801
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000902367  
04/30/08-80003-022 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, STEPHEN B 217 DELANCEY ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMAINO, JAMES J 1735 MARKET STREET STE 4010 PHILADELPHIA, PA 19103
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**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: James J Tomaino, Managing Member 3/31/08 215/757-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #