2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 10, 2006 8:00 am Secretary of State

ANNUAL REPURT						Secretary of State			
DOCUMENT # L05000059347 1. Entity Name MISSION TRACE APARTMENTS LLC						07-10-2006 90102 043 ****50.00			
Principal Place of Business 3801 MISSION TRACE BLVD. TALLAHASSEE, FL 32303			Mailing Address 3801 MISSION TRACE BL TALLAHASSEE, FL 3230		I INSMINI	M apiel e nni eeni eeni ei	arid Aris) dirib (8)8	18 inin eren ist	(fi (82)
2Principal Place of Business		3. Mailing Address 117 W. ALEXANDER ST.		<u></u> ≤7.					
Suite, Apt. #, etc.		Suite, Apt. #, etc. #310		05222006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State CLANT CITY FC		4. FEI Numi				oplied For ot Applicable	
Zip Country		Zip Country () SA		5. Certificat	Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name	and Address of Current I	Registered Agent		7. Name an	d Address of New	Registered A	gent	
PROCTOR, M. JULIAN JR. C/O AUSLEY & MCMULLEN				Name Street Add	dress (P.O. Box Numl	per is Not Acceptab	le)		
227 SOUT	TH CALHO	UN STREET 32301-1805			·	Up. 10. Doctorinos is troc roceptable)			
77.225	0022,12	02001 1000		City			FL	Zip Cod	e
	named entity tions of regist		the purpose of changing its re	gistered office or re	egistered agent, or b	oth, in the State of F	lorida. I am fa	miliar with,	and accept
SIGNATURE .	Signature typed						<u>.</u>		
Filing Fee is \$50.00 Due by September 6, 2006			nd title if applicable. (NO頂; F	registered Agent signature	required when reinstating)		DATE		
Fil Due I		or printed name of registered egent at \$50.00 nber 6, 2006	nd title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)	ľ	ke check pa la Departme	•	•
		\$ \$50.00 nber 6, 2006			required when reinstating)	Floric	ke check pa la Departme	•	0
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11. I hereby certify that the information supplied with this filling 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: MICHO DETTMANN 6/3/06 (8/3)957-677 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DUE DE DEPONDE