2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

May 02, 2005 8:00 am Secretary of State 05-02-2005 90363 010 ****50.00 DOCUMENT # L94000000602 1. Entity Name ALTAMONTE APARTMENT ENTERPRISES, L.C. 14012815 Principal Place of Business Mailing Address 500 SABAL PALM CIRCLE 4221 N. BUFFALO ST. ALTAMONTE SPRINGS, FL 32701 **BUSINESS DEPT** ORCHARD PARK, NY 14127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 59-3277058 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAGIOCH, WILLIAM T 950 MONTGOMERY RD. Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS, FL 32714 City Zip Code FL 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE MGRM (X) Change ☐ Delete Addition GACIOCH, WILLIAM T NAME GACIOCH, WILLIAM T 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 NAME 4221 NORTH BUFFALO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BUFFALO, NY 14221 CITY-ST-ZIP MGRM TITLE ☐ Defete TITLE MGRM GACTOCH, DAVID W 4221 NORTH BUFFALO STREET ದ Change ☐ Addition GACIOCH, DAVID W NAME NAME STREET ADDRESS **4221 NORTH BUFFALO STREET** STREET ADDRESS ORCHARD PARK. NY 14127 CITY-ST-ZIE BUFFALO, NY 14221 CITY- ST- 7IP MGRM TITLE ☐ Delete TITLE MGRM Thange ☐ Addition GACIOCH, MICHAEL T 4221 NORTH BUFFALO STREET NAME GACIOCH, MICHAEL T NAME STREET ADDRESS **4221 NORTH BUFFALO STREET** STREET ADDRESS CITY-ST-ZIP BUFFALO, NY 14221 CITY-ST-ZIP ORCHARD PARK, NY MGRM TITLE ☐ Delete TITLE MGRM (X) Change ☐ Addition HANNON, KATHERINE A 4221 NORTH BUFFALO STREET NAME HANNON, KATHERINE A NAME STREET ADDRESS 4221 NORTH BUFFALO STREET STREET ADDRESS CITY-ST-ZIP BUFFALO, NY 14221 CITY-ST-ZIP ORCHARD PARK, NY 14127 TITLE ☐ Delete TIT) F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

17/05

Daytime Phone #

FILED