

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90363 010 ****50.00

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DOCUMENT # L94000000602 1. Entity Name ALTAMONTE APARTMENT ENTERPRISES, L.C.					
Principal Place of Business 500 SABAL PALM CIRCLE ALTAMONTE SPRINGS, FL 32701			Mailing Address 4221 N. BUFFALO ST. BUSINESS DEPT ORCHARD PARK, NY 14127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3277058	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAGIOCH, WILLIAM T 950 MONTGOMERY RD. ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, WILLIAM T 4221 NORTH BUFFALO STREET BUFFALO, NY 14221 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, WILLIAM T 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, DAVID W 4221 NORTH BUFFALO STREET BUFFALO, NY 14221 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, DAVID W 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, MICHAEL T 4221 NORTH BUFFALO STREET BUFFALO, NY 14221 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, MICHAEL T 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNON, KATHERINE A 4221 NORTH BUFFALO STREET BUFFALO, NY 14221 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNON, KATHERINE A 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/17/05 Daytime Phone # _____		