FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL RÉPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILING FEE \$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company

DOCUMENT #L9400000691

QUAIL RUN APARTMENTS, L.C. 3038 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306

1a. Principal Place of Business Address

B038 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306

APPROVED AND

1997 MAY -1 PH 2: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation .2/19/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0537892 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country D5/01/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent BIVINS, DANIEL W JR 3038 NORTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33306 Sulte, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATU	JRE(Registered Agent Accepting Appointm	ent) (NOTE Registered Agent signature required when reinstating)	DATE
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FEDERAL PROPERTY MAN,	1	FORT LAUDERDALE FL DOO21769462 -05/13/9701079015 ****203.75 ****203.75
			15/19

11. Ldo hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 drustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an chment with an address.

SIGNATURE:

ITED NAME OF SIGNING MANAGING MEMBER OR MANAGER