2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L98000001989

Entity Name: MOBLEY PARK APARTMENTS, L.C.

Current Principal Place of Business:

400 N ASHLEY DR.
FL1-010-02-07
TAMPA, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

401 N TRYON ST.
NC1-021-02-20
CHARLOTTE, NC 28255

New Mailing Address:

FEI Number: 59-3534413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR ( ) Delete
Name:	GREG S. MROZ,
Address:	401 N TRYON ST NC1-021-02-20.
City-St-Zip:	CHARLOTTE, NC 28255
Title:	MGRM ( ) Delete
Name:	BANC OF AMERICA COMU, NITY DEVELOPME N T CORP
Address:	401 N TRYON ST NC1-021-02-20
City-St-Zip:	CHARLOTTE, NC 28255
Title:	MGR ( ) Delete
Name:	HOUSING BY ST. LAURE, NCE, INC.
Address:	401 N TRYON ST NC1-021-02-20
City-St-Zip:	CHARLOTTE, NC 28255

ADDITIONS/CHANGES:

Title:	MGR (X) Change ( ) Addition
Name:	MAYS, SUSAN D
Address:	401 N TRYON ST NC1-021-02-20.
City-St-Zip:	CHARLOTTE, NC 28255
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	HOUSING BY ST. LAURE, NCE, INC.
Address:	401 N TRYON ST NC1-021-02-20
City-St-Zip:	CHARLOTTE, NC 28255

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SUSAN D MAYS MGR 01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date