

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90031 011 ****50.00

20056740



04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number **74-2709914** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # M01000002422

1. Entity Name
SECURITY CAPITAL ATLANTIC MULTIFAMILY LLC



Principal Place of Business
**9200 E. PANORAMA CIRCLE
STE 400
ENGLEWOOD, CO 80112**

Mailing Address
**9200 E PANORAMA CIR
ENGLEWOOD, CO 80112**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**9200 E. Panorama Circle
Ste 400
Englewood, CO
80112 USA**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 ARCHSTONE-SMITH OPERATING TRUST 9200 E. PANORAMA CIRCLE, STE 400 ENGLEWOOD, CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David M Flory **David M Flory** 4/26/05 **303.708.5959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #