

## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M02000000118**

ARLINGTON COLONNADE, LLC

Principal Place of Business

2117 2ND AVENUE NORTH BIRMINGHAM, AL 35203

Mailing Address

2117 2ND AVENUE NORTH BIRMINGHAM, AL 35203

## **FILED** Mar 15, 2004 08:00 AM Secretary of State



03032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0565612

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	named entity submits this statement for the purpose of chan lons of registered agent.	ging its registered office o	r registered agent, or both, in the State	of Florida. I am familiar with, and accept	
Signature, typed or proxed name of registered agent and trie if applicable		(NCTE, Registered Agent signa	ture required when constiting)	DATE .	
Filing Fee is \$50.00 Due by May 1, 2004		U0000088777 03/15/04-80064-023 50.00			
9.	MANAGING MEMBERS/MANAGERS				_
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MGRM ARLINGTON PROPERITES, INC 2117 2ND AVE. NORTH BIRMINGHAM, AL 35203				
STREET ADORESS CITY+ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE	
NAME STREET ADORESS CITY-ST-ZIP			IN THIS	SPACE	
ME		ł			

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, 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.

Will: an Connection of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP nns NAME STREET ADDRESS CATY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

205-328-9400