

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001724

FILED
Jul 13, 2004
Secretary of State

Entity Name: REGENCY MULTIFAMILY SERVICES, LLC

Current Principal Place of Business:

531 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330

New Principal Place of Business:

Current Mailing Address:

PO BOX 311132
ENTERPRISE, FL 36331

New Mailing Address:

FEI Number: 76-0701730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARE, BILL
1112 CHANNELSIDE DR.
TAMPA, FL 33602 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: COTTER, BILLY G
Address: 531 BOLL WEEVIL CIRCLE
City-St-Zip: ENTERPRISE, AL 36330

Title: MGR () Delete
Name: FERRELL, KATHLEEN M
Address: 531 BOLL WEEVIL CIRCLE
City-St-Zip: ENTERPRISE, AL 36330

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BILLY G. COTTER; KATHLEEN M. FERRELL

MEMB

07/13/2004

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