

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001724

FILED
Jan 11, 2005
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:

WARE, BILL
4100 W. KENNEDY BLVD.
SUITE 130
TAMPA, FL 33609 US

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: BILL WARE

01/11/2005

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: KATHLEEN M. FERRELL

MGR

01/11/2005

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