


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90013 009 ****50.00

DOCUMENT # M02000003343					
1. Entity Name STRAWBERRY PLACE APARTMENTS, LLC					
Principal Place of Business 1400 STRAWBERRY PLACE #1 PLANT CITY FL 33563			Mailing Address 3500 UNIVERSITY AVE., STE 2 COLUMBUS GA 31907		
2. Principal Place of Business		3. Mailing Address 820 Brookstone Centre Pkwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Columbus GA			
City & State		City & State			
Zip	Country	Zip	Country		
		31904	US		
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COTTRELL, CHAD T 3500 UNIVERSITY AVE., STE 2 COLUMBUS GA 31907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	820 Brookstone Centre Pkwy Columbus GA 31904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #