

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90144 035 \*\*\*\*\*50.00

**DOCUMENT # M03000001035**

1. Entity Name  
**SOUTHEAST APARTMENT PARTNERS, LLC**



Principal Place of Business  
**3400 PEACHTREE ROAD NE, STE. 1035  
ATLANTA, GA 30326**

Mailing Address  
**3400 PEACHTREE ROAD NE, STE. 1035  
ATLANTA, GA 30326**

**14027066**



2. Principal Place of Business  
**3390 Peachtree Road NE  
Suite, Apt. #, etc.  
Suite 300**

3. Mailing Address  
**3390 Peachtree Road NE  
Suite, Apt. #, etc.  
Suite 300**

07022004 Chg-LLC CR2E083 (10/03)

City & State  
**Atlanta, GA**

City & State  
**Atlanta, GA**

4. FEI Number  
**03-0409950**

Applied For  
Not Applicable

Zip  
**30326**

Country  
**USA**

Zip  
**30326**

Country  
**USA**

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JOHNSTON, CHRIS B  
3400 PEACHTREE ROAD NE, STE. 1035  
ATLANTA, GA 30326** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROBINSON, MARC G  
3400 PEACHTREE ROAD NE, STE. 1035  
ATLANTA, GA 30326** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JOHNSTON, CHRIS B.  
3390 Peachtree Road NE Suite 300  
Atlanta, GA 30326** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROBINSON, MARC G  
3390 Peachtree Road NE Suite 300  
Atlanta, GA 30326** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager  
Josh Goldfarb  
3390 Peachtree Road NE Suite 300  
Atlanta GA 30326** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

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

**7/27/04**

Date

**4044425600**

Daytime Phone #