## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # M03000001297

1. Entity Name PALM COAST APARTMENTS, LLC



Principal Place of Business

270 CARPENTER DR. SUITE 200 ATLANTA, GA 30328-4932 Mailing Address 270 CARPENTER DR. SUITE 200 ATLANTA, GA 30328-4932

FILED Mar 14, 2008 08:00 A **Secretary of State** 



## DO NOT WRITE IN THIS SPACE

03042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 58-2619822

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	ULLMANN, ROBERT M	
STREET ADDRESS	270 CARPENTER DR., SUITE 200	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE		U00000858807 04/01/08-80059-018 138.75
NAME		04/01/08-80059-018 138.75
STREET ADDRESS		5 w. 1
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
TITLE		IN THIS SPACE
NAME		

11. I hereby certify that the information indicated on this report is true and ation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 reperver or trusten empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ME AUTHORIZED REPRESENTATIVE