


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2005 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # M03000001935</b><br>1. Entity Name<br>FAIRFIELD LAUREL GARDENS LLC<br><div style="text-align: right;">1450</div> |  |
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|---|---|
| Principal Place of Business<br>5510 MOREHOUSE DRIVE, SUITE 200<br>SAN DIEGO, CA 92121 | Mailing Address<br>5510 MOREHOUSE DRIVE, SUITE 200<br>SAN DIEGO, CA 92121 |
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07192005 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number<br>46-0505233  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>LEXISNEXIS DOCUMENT SOLUTIONS INC.<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301 |
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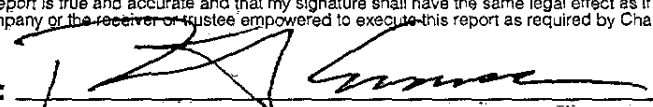
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent |            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  | DATE _____ |

**Filing Fee is \$50.00  
Due by September 7, 2005**

| 9. MANAGING MEMBERS/MANAGERS                       |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>FF STRATEGIC APARTMENT FUND LLC<br>5510 MOREHOUSE DRIVE, SUITE 200<br>SAN DIEGO, CA 92121 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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| <div style="text-align: right;">000000375994<br/>08/09/05-80001-003 55.00</div><br><b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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)(f), 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   | 7-19-05 858-812-6788<br><small>Date Daytime Phone #</small> |