

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003670 1. Entity Name CONFEDERATE POINT APARTMENTS LLC					
Principal Place of Business 500 SOUTH SEPULVEDA, SUITE 303 LOS ANGELES, CA 90049			Mailing Address 500 SOUTH SEPULVEDA, SUITE 303 LOS ANGELES, CA 90049		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 55-0846268			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES 526 E PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue City Tallahassee FL Zip Code 32301		
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 <i>Carol Shelton</i> Carol Shelton - Asst. Sec. 7-26-04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONAL COMMERCIAL VENTURES LLC 500 SOUTH SEPULVEDA, SUITE 303 LOS ANGELES, CA 90049 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>Richard Nathan</i>			Richard Nathan, Pres.		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> 7-26-2004 <small>Daytime Phone #</small> 471-0206		

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



07192004 Chg-LLC CR2E083 (10/03)

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 SIGNATURE *Carol Shelton* **Carol Shelton - Asst. Sec.** **7-26-04**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE: *Richard Nathan* **Richard Nathan, Pres.** **7-26-2004** **471-0206**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #