


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90154 016 \*\*\*\*50.00

<b>DOCUMENT # M03000004173</b>	
1. Entity Name <b>LEADING APARTMENTS, LLC</b>	

Principal Place of Business <b>401 HARBOR PLACE DR. STE. 1324 TAMPA, FL 33602</b>	Mailing Address <b>401 HARBOR PLACE DR. STE. 1324 TAMPA, FL 33602</b>
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**14024735**



2. Principal Place of Business	3. Mailing Address <b>30833 Northwestern Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>300</b>
City & State	City & State <b>FARMINGTON HILLS, MI</b>
Zip	Zip <b>48334</b>
Country	Country <b>USA</b>

07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>38-3537750</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent <b>QUAY, GEORGE S IV 401 HARBOR PLACE DR. STE. 1324 TAMPA, FL 33602</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM QUAY, GEORGE S IV 30800 NORTHWESTERN HWY STE. 300 FARMINGTON HILLS, MI 48334</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *George S IV Quay* **7/1/04** **248 932-2721**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #