

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90158 001 \*\*\*\*15.00

05-02-2005 90365 010 \*\*\*\*35.00

**DOCUMENT # M03000004173**

1. Entity Name  
**LEADING APARTMENTS, LLC**



Principal Place of Business

**401 HARBOR PLACE DR.  
STE. 1324  
TAMPA, FL 33602**

Mailing Address

**30833 NORTHWESTERN HWY  
300  
FARMINGTON HILL, MI 48334**

**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**38-3537750**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**QUAY, GEORGE S IV  
401 HARBOR PLACE DR.  
STE. 1324  
TAMPA, FL 33602**

**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 reissuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	QUAY, GEORGE S IV
STREET ADDRESS	30800 NORTHWESTERN HWY STE. 300
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Stephen J. Quay*

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

**3/24/05 248-932-2721**

Date

Daytime Phone #