

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 15, 2006  
Secretary of State**

DOCUMENT# M04000004633

Entity Name: HAROLD HOUSE APARTMENTS, L.L.C.

**Current Principal Place of Business:**

105 TALLAPOOSA STREET, STE. 300  
MONTGOMERY, AL 36104

**New Principal Place of Business:**

105 TALLAPOOSA STREET  
SUITE 300  
MONTGOMERY, AL 36104

**Current Mailing Address:**

105 TALLAPOOSA STREET, STE. 300  
MONTGOMERY, AL 36104

**New Mailing Address:**

105 TALLAPOOSA STREET  
SUITE 300  
MONTGOMERY, AL 36104

FEI Number: 20-1774904      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: SUMMIT AMERICA PROPE, RTIES, INC.  
Address: 105 TALLAPOOSA STREET, STE. 300  
City-St-Zip: MONTGOMERY, AL 36104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REBECCA HALE

CONT

07/15/2006

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date