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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200640̸3

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005262

1. Entity Name
LYNN VILLAGE APARTMENTS, LLC

Principal Place of Business	Mailing Address
1770 WRIGHT AVE ROCKY RIVER, OH 44116	1770 WRIGHT AVE ROCKY RIVER, OH 44116

08012005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
905 WEST 26TH STREET	
Suite, Apt. #, etc.: APT 143	Suite, Apt. #, etc.
City & State: LYNN HAVEN, FLORIDA	City & State
Zip: 32444 Country: BAY	Zip / Country

4. FEI Number 59-3788721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BDB AGENT CO. 2500 NORTH MILITARY TRAIL, SUITE 480 BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENHART, MICHAEL W JR 8703 FINLARIG DR DUBLIN, OH 43017 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENHART, CHRISTOPHER J 8703 FINLARIG DR DUBLIN, OH 43017 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Michael Lenhart, Jr 8/3/05 614-570-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #