

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000263

Entity Name: API DADELAND LLC

**FILED**  
**Jan 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

9200 E. PANORAMA CIRCLE  
SUITE 400  
ENGLEWOOD, CO 80112

**New Principal Place of Business:**

**Current Mailing Address:**

9200 E. PANORAMA CIRCLE  
SUITE 400  
ENGLEWOOD, CO 80112

**New Mailing Address:**

FEI Number: 20-2194042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:**

Title: MGRM ( ) Delete  
Name: TSAS MULTIFAMILY PRI, NCIPAL, L.P.  
Address: 9200 E. PANORAMA CIRCLE, STE. 400  
City-St-Zip: ENGLEWOOD, CO 80112

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT C. LUND, JR.

VP

01/22/2009

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