

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002091

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** AMLI RESIDENTIAL PARTNERS LLC

**Current Principal Place of Business:**

3424 PEACHTREE ROAD NE STE 900  
ATLANTA, GA 30326

**New Principal Place of Business:**

3424 PEACHTREE ROAD NE STE 900  
ATLANTA, GA 30326 US

**Current Mailing Address:**

3424 PEACHTREE ROAD NE STE 900  
ATLANTA, GA 30326

**New Mailing Address:**

3424 PEACHTREE ROAD NE STE 900  
ATLANTA, GA 30326 US

**FEI Number:** 16-1743342

**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  
Name: PPF AMLI ACQUISITION LLC  
Address: 3424 PEACHTREE ROAD NE  
City-St-Zip: ATLANTA, GA 30326 US

I hereby 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: GAIL FREEMAN

MGR

01/06/2010

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