


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 FEB -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company UNIVERSITY BOULEVARD APARTMENTS, LLC 633A - 19TH STREET COLUMBUS GA 31901			DOCUMENT #M96000000303		
1a. Principal Place of Business Address 633A - 19TH STREET COLUMBUS GA 31901			1a. Principal Place of Business Address 633A - 19TH STREET COLUMBUS GA 31901		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/12/1996	
City & State		City & State		3a. State of Formation GA	
Zip		Country		4. FEI Number	
				NOT APPLICABLE	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				SB 79 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc. 200002080732-5		
			-02/06/97-01122-019		
			City ****407 50 ****203.75		
			Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BASSETT, WILBUR B JR.	633A - 19TH STREET		COLUMBUS GA	
MGRM	BASSETT, CAROL	633A - 19TH STREET		COLUMBUS GA	
<i>A. War</i> 2/3/97					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>W A Wilbur B. Bassett Sr. 1-27-97</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date					
Daytime Phone #					