



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 FEB -4 AM 7:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>MWB</i>
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 DOCUMENT #M96000000499 ROBINWOOD APARTMENTS, L.I.C. 9842 WYNCREST CIRCLE MONTGOMERY AL 36117		1a. Principal Place of Business Address 9842 WYNCREST CIRCLE MONTGOMERY AL 36117	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
2 Principal Place of Business 3900 Old Sunbeam Rd. Suite, Apt. #, etc.		2a. Mailing Address B+M Management Co. Suite, Apt. #, etc. P.O. Box 241402 City & State Montgomery AL	
3. Date Organized or Qualified 12/16/1996		3a. State of Formation AL	
4. FEI Number 63-1185189		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> See 2a. Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BLANCHARD, JOHN D	9842 WYNCREST CIRCLE	MONTGOMERY AL
MGRM	MILLER, SAMUEL L	9842 WYNCREST CIRCLE	MONTGOMERY AL
			800002081148--7 -02/07/97--01022--009 *****203.75 *****203.75
11. I do 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 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 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		John Blanchard 1/28/97 (334) 273-9389	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>	