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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 24 AM 9:39

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000333

1. Entity Name
AP-SOUTHEAST-GP LLC

Principal Place of Business	Mailing Address
C/O PARTHENON REALTY, LLC 11700 GREAT OAKS WAY, SUITE 340 ALPHARETTA, GA 30022	C/O PARTHENON REALTY, LLC 11700 GREAT OAKS WAY, SUITE 340 ALPHARETTA, GA 30022

07082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. #200
City & State	City & State Alpharetta, GA
Zip / Country	Zip 30022 / Country

4. FEI Number 65-0799861 ☐ 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
GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

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	MGRM AP-SOUTHEAST OPERATING PARTNERSHIP LP 11700 GREAT OAKS WAY, SUITE 340 ALPHARETTA, GA 30022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11700 Great Oaks Way #200 Alpharetta, GA 30022	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	900059138023 08/30/05--01058--004 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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: _____ 7/20 678 746-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #