#### 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## ALL R **DOCUMENT # M98000000971** CHARLESTON SQUARE APARTMENTS, L.L.C. Mailing Address Principal Place of Business 3190 NE EXPRESSWAY, SUITE 410 8050 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 ATLANTA, GA 30341

# FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90494 045 \*\*\*\*50.00

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### DO NOT WRITE IN THIS SPACE

04012004 No Chg-LLC	CR2E	CR2E083 (10/03)		
4. FEI Number		. ]	Applied For	
58-2104715		Ī	Not Applicable	
5. Certificate of Status Desired		\$5.00	) Additional	

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee Is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERKMAN, DAVID 3190 NE EXPRESSWAY, #410 ATLANTA, GA 30341		·
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 eceiver or trusterempowered to execute this report as required by Chapter 608, Florida Statutes.			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE