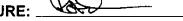
## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Sep 06, 2006, 08:00 AN Secretary of State **DOCUMENT # M98000000971** CHARLESTON SQUARE APARTMENTS, L.L.C. Principal Place of Business Mailing Address 8050 ARLINGTON EXPRESSWAY 3190 NE EXPRESSWAY, SUITE 410 JACKSONVILLE, FL 32211 ATLANTA, GA 30341 07032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2104715 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 23324 IN THIS SPACE changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above nar ned entity submits/this statement to the purpose of of registered age the obligations UCS SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable Filing Fee is \$50.00 Due by September 6, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME BERKMAN, DAVID 3190 NE EXPRESSWAY, #410 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30341 U00000576234 TITLE 09/06/06-80002-025 668.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 exemptions contained in Chapter 119. 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:



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

Davtime Phone #