2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000389

1. Entity Name
SAN MICHELE II LLC



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

C/O GABLES REALTY LIMITED PARTNERSHIP 2859 PACES FERRY ROAD SUITE 1450 ATLANTA, GA 30339 Mailing Address

C/O GABLES REALTY LIMITED PARTNERSHIP 2859 PACES FERRY ROAD SUITE 1450 ATLANTA, GA 30339



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	
58-2453912_	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BASTUBA, JONI K 777 YAMATO ROAD SUITE 510 BOCA RATON, FL 33431

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		}	
	named entity submits this statement for the purpose of changing of legistered agent.	ging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature regulared when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABLES REALTY LIMITED PARTNERSHIP 2859 PACES FERRY ROAD, SUITE 1450 ATLANTA, GA 30339		U00000153951 05/04/04-80148-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
1 11 Tharahy	certify that the information symplied with this filling does not o	ruality 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/04 Date 770-436-4600

Daytime Phone K