

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90342 005 ****50.00

DOCUMENT # M99000000390

1. Entity Name
PALMA VISTA LLC



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**



04262007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
58-2453915

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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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GN APARTMENT FUND LLC
2859 PACES FERRY ROAD, SUITE 1450
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

4/30/07

Date

770 436 4600

Daytime Phone #