TITLE NAME STREET ADDRESS CITY-ST-ZIP

2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90494 044 ****50.00 **DOCUMENT # M99000000768** NASSAU LAKES APARTMENTS, LLC Mailing Address Principal Place of Business 24034307 30874 PARADISE COMMONS 3190 NORTHEAST EXPRESSWAY SUITE 410 FERNANDINA BEACH, FL 32034 ATLANTA, GA 30341 04012004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 25-5404619 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGR TITLE BERKMAN, DAVID 3190 NORTHEAST EXPRESSWAY SUITE 410 STREET ADDRESS ATLANTA, GA 30341 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 frue 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 empty ered to execute this report as required by Chapter 608, Florida Statutes.

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

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FILED