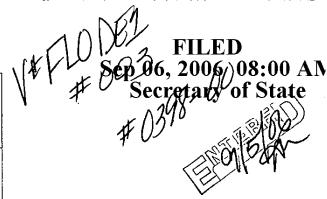
### **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT** DOCUMENT # M99000000768 1. Entity Name NASŚAU LAKES APARTMENTS, LLC Principal Place of Business Mailing Address 30874 PARADISE COMMONS 3190 NORTHEAST EXPRESSWAY FERNANDINA BEACH, FL 32034 SUITE 410 ATLANTA, GA 30341





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CR2E083 (11/05) 07032006No Chg-LLC

4. FEI Number	Applied For Not Applicable	
25-5404619		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

o. Hume and Address of Content Registered Ager	6.	Name	and Address of	<b>Current Registered Agen</b>
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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	ions of registered agent week you	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with, and accept a solution of the state of Florida. I am familiar with a solution of the state of Florida.
Fi) Due t	ling Fee is \$50.00 by September 6, 2006	•
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	BERKMAN, DAVID	
STREET ADDRESS	3190 NORTHEAST EXPRESSWAY SUITE 410	
CITY-ST-ZIP	ATLANTA, GA 30341	— U00000576235
TITLE		09/06/06-80002-025 668.75
NAME		
STREET ADDRESS		

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, if 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	Date	Daytime Phone #