2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

TITLE NAME STREET ADDRESS CITY - ST - ZIP MLE MALLE STREET ADDRESS CITY: ST-7IP

FILED Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # M99000001630 1. Entity Name CASÁ CORTEZ APARTMENTS, L.L.C. Principal Place of Business Mailing Address 9036 MUIRFIELD COURT 9036 MUIRFIELD COURT TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 04262005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 38-3493738 Nut Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent CHERRY, JESSE G JR. DO NOT WRITE 9036 MUIRFIELD COURT TALLAHASSEE, FL 32312 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, 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, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR CHERRY, JESSE G JR. NAME 9036 MUIRFIELD COURT STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE MAME U00000333106 04/26/05-80084-028 50.00 STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing 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 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