


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90132 001 ****61.25

DOCUMENT # N27242	
1. Entity Name LARCHMONT APARTMENTS SECTION NO. 3, INC.	

Principal Place of Business C/O DAVID J. PEEPLES 513 EL VERNONA AVE. SARASOTA FL 34236 US	Mailing Address C/O DAVID J. PEEPLES 513 EL VERNONA AVE. SARASOTA FL 34236 US
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2. Principal Place of Business c/o James E. Hart	3. Mailing Address Suite, Apt. #, etc. 603 Sarasota Quay
Suite, Apt. #, etc. 603 Sarasota Quay	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State
Zip 34236	Country USA



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2446320		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PEEPLES, DAVID J 513 EL VERNONA AVE. SARASOTA FL 34236		7. Name and Address of New Registered Agent Name James E. Hart Street Address (P.O. Box Number is Not Acceptable) 603 Sarasota Quay City Sarasota, FL Zip Code 34236

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  **James E. Hart** **April 12, 2005**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

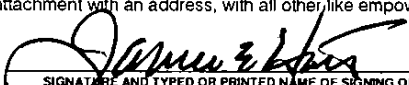
**FILE NOW! FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, PAT 523 EL VERNONA AVE SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D James E. Hart 603 Sarasota Quay Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRESSLER, DAN 507 EL VERNONA AVE SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEEPLES, DAVID J 513 EL VERNONA SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIELS, JENA 523 EL VERNONA SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I NIMZ, JUDY 501 EL VERONA AVE SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **James E. Hart** **4/12/05** **941-957-0120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #