## 2006 FOR PROFIT CORPORATION

## Apr 17, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000080344 APARTMENTS AT BRIGHTON PARK, INC. Principal Place of Business Malling Address 100 SW 75TH STREET 100 SW 75TH STREET **STE 205** STE 205 GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 04052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3618243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PUGH, MERRILL 100 SW 75TH STREET SUITE 205 IN THIS SPACE GAINESVILLE, FL 32607 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 again and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PUGH, MERRILL U000000510665 100 SW 75 STREET SUITE 205 STREET ADDRESS 04/29/06-80016-002 CITY-ST-ZIP GAINESVILLE, FL 32607 PUGH, AMANDA 100 SW 75TH STREET SUITE 205 STREET ADDRESS CATY-ST-ZIP GAINESVILLE, FL 32607 TITLE STREET ADDRESS DO NOT WRITE GITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 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 607. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

352-331-3343

FILED