


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>ARBOR APARTMENTS, L.C.</b> <b>2115 NW 38TH DR</b> <b>GAINESVILLE FL 32605</b>		<b>DOCUMENT #200165</b>  <b>1a. Principal Place of Business Address</b>  <b>2115 NW 38TH DR</b> <b>GAINESVILLE FL 32605</b>	
2. Principal Place of Business <b>2411 S.W. 35TH PLACE</b> Suite, Apt. #, etc.		3. Date Organized or Qualified <b>12/27/1989</b>	
2a. Mailing Address <b>P.O. Box 90015</b> Suite, Apt. #, etc.		3a. State of Formation <b>FL</b>	
City & State <b>GAINESVILLE, FL.</b>		4. FEI Number <b>69-3005379</b>	
Zip <b>32608</b>		5. Date of Last Report <b>05/01/1996</b>	
Country <b>FLORIDA</b>		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  <b>GODOWN, DOUGLAS R</b> <b>2115 NW 38TH DR</b> <b>GAINESVILLE FL 32605</b>		8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		200002169682--6 DATE 05/07/97 01075-023 ***203.75 ***203.75 City, State and Zip Code	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MB	BANTA, BRADFORD C	1409 MIDDLE RIVER DR	FT LAUDERDALE FL
MB	BANTA, CATHERINE M	1409 MIDDLE RIVER DR	FT LAUDERDALE FL
MB	BANTA, MARY L	1425 MIDDLE RIVER DR	FT LAUDERDALE FL
MB	GODOWN, DOUGLAS R	2115 NW 38TH DR	GAINESVILLE FL
MB	GODOWN, ILEANA J	2115 NW 38TH DR	GAINESVILLE FL
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <u>Douglas R. Godown</u>		Douglas R. Godown 4/7/97 352/336-0246	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	