2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90022 001 ****50.00

DOCUMENT # L03000054333

1. Entity Name
WILLOWBROOK APARTMENTS, LLC

Principal Place of Business	Mailing Address
530 BEACON PARKWAY WEST, SUITE 900 BIRMINGHAM, AL 35209 US	530 BEACON PARKWAY WEST, SUITE 900 BIRMINGHAM, AL 35209 US

04082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1000 Urban Center Drive		1000 Urban Center Drive	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State Vestavia HIlls, AL		City & State Vestavia Hills, AL	
Zip 35242	Country USA	Zip 35242	Country USA

4. FEI Number
20-0492946
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AIRTH, HAL A JR.
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______________________________
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

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRUMMOND COMPANY, INC. 530 BEACON PKWY WEWT STE 200 BIRMINGHAM, AL 35209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1000 Urban Center Drive, Ste 300 Vestavia Hills, AL 35242	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 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] JOHN P. STILWELL
SR. VICE PRESIDENT & CFO OF MEMBER 4/13/05 205 945-6302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #