FILED
May 06, 2004 8:00 am
Secretary of State

03-04-2004 90071 031 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000518

1. Entity Name
ROLLING HILLS APARTMENTS, LLC.

34005368

Principal Place of Business	Mailing Address
280 JOHN KNOX ROAD LEASING OFFICE TALLAHASSEE, FL 32303 US	PO BOX 2535 C/O STUDENT HOUSING SOLUTIONS, LLC. TALLAHASSEE, FL 32316 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242004 Chg-LLC CR2E053 (10/03)

4. FEI Number 41-2073455 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEONI, STEVEN M 235 S. OCALA ROAD TALLAHASSEE, FL 32304	Name Leoni, Steven M Street Address (P.O. Box Number is Not Acceptable) 2020 West Pensacola Suite #27 City Tallahassee FL Zip Code 32304

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] 2/26/04

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	~~MGR~~	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	LEONI, STEVEN M		NAME		
STREET ADDRESS	PO BOX 2535		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32316		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Principal	☐ Change ☑ Addition
NAME			NAME	Peter S. Rosen	
STREET ADDRESS			STREET ADDRESS	P.O. Box 2535	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee, Fl. 32316	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 2/26/04 580-3131

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