

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90023 041 ****50.00

DOCUMENT # L03000000518

1. Entity Name
ROLLING HILLS APARTMENTS, LLC.



Principal Place of Business
280 JOHN KNOX ROAD
LEASING OFFICE
TALLAHASSEE, FL 32303 US

Mailing Address
PO BOX 2535
C/O STUDENT HOUSING SOLUTIONS, LLC.
TALLAHASSEE, FL 32316 US



01182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

LEONI, STEVEN M
2020 WEST PENSACOLA
SUITE #27
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MOR
LEONI, STEVEN M
PO BOX 2535
TALLAHASSEE, FL 32316

m6Rm

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ROSEN, PETER S
PO BOX 2535
TALLAHASSEE, FL 32316

m6R

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/06

Date

850-580-3131

Daytime Phone #