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

03-04-2004 90071 030 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005609

1. Entity Name
ROLLING HILLS APARTMENTS II, LLC

34005367

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

Mailing Address
~~280 JOHN KNOX ROAD~~
TALLAHASSEE, FL ~~32303~~

02242004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 2535
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 32316 / Country

4. FEI Number — 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
~~235 SOUTH OCALA ROAD~~
~~TALLAHASSEE, FL 32304~~

7. Name and Address of New Registered Agent

Name Leoni, Steven M
Street Address (P.O. Box Number is Not Acceptable) 2020 West Pensacola St
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
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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEONI, STEVEN M		NAME		
STREET ADDRESS	~~235 S. OCALA ROAD~~		STREET ADDRESS	Po Box 2535	
CITY-ST-ZIP	~~TALLAHASSEE, FL 32304~~		CITY-ST-ZIP	TAL, FL 32316	
TITLE	~~MGRM~~	☐ Delete	TITLE	Principal	☑ Change ☐ Addition
NAME	ROSEN, PETER S		NAME		
STREET ADDRESS	~~P.O. BOX 15884~~		STREET ADDRESS	Po Box 2535	
CITY-ST-ZIP	~~TALLAHASSEE, FL 32317~~		CITY-ST-ZIP	TAL, 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
Date Daytime Phone #