2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000005609

1. Entity Name

ROLLING HILLS APARTMENTS II, LLC



Principal Place of Business

280 JOHN KNOX ROAD TALLAHASSEE, FL 32303 Mailing Address

PO BOX 2535

TALLAHASSEE, FL 32316

BK

FILED 07 APR 27 AM 8: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA



01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2617226

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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

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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.	

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LEONI, STEVEN M
STREET ADDRESS]
CITY-ST-ZIP	TALLAHASSEE, FL 32316
TITLE	MGR
NAME	ROSEN, PETER S
STREET ADDRESS	PO BOX 2535
CITY-ST-ZIP	TALLAHASSEE, FL 32316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
44 Lhoroby	codify that the information supplied dith this filing does not qualify for the

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(NOTE: Registered Agent signature required when reinstating)

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d with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and acc limited liability company or the receiv

SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE