

**2009 2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 2009**

DOCUMENT # L05000083964

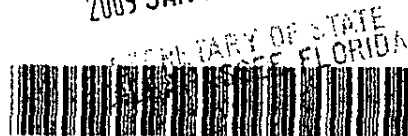
1. Entity Name

HILSON APARTMENTS, LLC



FILED

2009 JAN 27 PM 1:38



Principal Office Address
1800 OLD RIVER ROAD
FT PIERCE FL 34982

Mailing Address
1800 OLD RIVER ROAD
FT PIERCE FL 34982

2. Principal Office Address (if different from above)

3. Mailing Address (if different from above)

4. Filing Date

5. Filing Date

1st MOORE

CR2E083 (10/07)

6. Filing State

7. Filing State

4. Filing Number
20-3427374

5. Filing Fee

6. Filing Fee

5. Certificate of Status Change ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILSON, DAURA H
1800 OLD RIVER ROAD
FT PIERCE FL 34982

Name

Street Address (P.O. Box Number if Not Residential)

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, within the State of Florida. I, the undersigned, am and accept the responsibility for this statement.

SIGNATURE

Signature of Registered Agent or Authorized Representative

Signature of Registered Agent or Authorized Representative

Date

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBER/MANAGERS

10. ADDITIONAL CHANGES

11. NAME ☐ Change ☐ Add

NAME
HILSON, DAURA H
STREET ADDRESS
1800 OLD RIVER ROAD
CITY/STATE/ZIP
FT PIERCE FL 34982

12. NAME ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY/STATE/ZIP

13. NAME ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY/STATE/ZIP

14. NAME ☐ Change ☐ Add

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STREET ADDRESS
CITY/STATE/ZIP

15. NAME ☐ Change ☐ Add

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STREET ADDRESS
CITY/STATE/ZIP

16. NAME ☐ Change ☐ Add

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STREET ADDRESS
CITY/STATE/ZIP

17. NAME ☐ Change ☐ Add

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STREET ADDRESS
CITY/STATE/ZIP

18. NAME ☐ Change ☐ Add

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STREET ADDRESS
CITY/STATE/ZIP

19. NAME ☐ Change ☐ Add

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STREET ADDRESS
CITY/STATE/ZIP

20. NAME ☐ Change ☐ Add

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STREET ADDRESS
CITY/STATE/ZIP

21. NAME ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY/STATE/ZIP

22. NAME ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY/STATE/ZIP

11. I hereby certify that the information supplied on this statement is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath, that I am a managing member or authorized representative of the limited liability company or the registered agent, and I am authorized to execute this report as required by Chapter 883, Florida Statutes.

SIGNATURE:

Daura H. Hilson (DAURA H. Hilson)

1/30/08 (772) 461-2207

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