File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 29 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L93000000025

HILLS APARTMENT COMMUNITIES, L.C.
P.O. BOX 48
% JOHN E. SYLVESTER JR.
ORR'S ISLAND ME 04066

1a. Principal Place of Business Address
2355 W. MICHIGAN AVE.
PENSACOLA FL

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

2a. Mailing Address
Suite, Apt. #, etc
City & State
Zip — Country

3. Date Organized or Qualified: 01/08/1993
3a. State of Formation: FL
4. FEI Number: 59-3175705 — ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 04/21/1998
6. Certificate of Status Desired — $8.75 Additional Fee Required ☑

7. Name and Address of Current Registered Agent

SMITH, THOMAS G
510 E. ZARAGOZA
PENSACOLA FL 32582

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, etc
City — FL — Zip Code

600002832426--1
-04/07/99--01085--004
****197.50 ****197.50

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE ______________________ DATE ________
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	SYLVESTER, JOHN E JR	LOWELL COVE ROAD P.O. BOX	ORRS ISLAND ME
MEM	SYLVESTER, KATHLEEN M	LOWELL COVE ROAD N/A	ORRS ISLAND ME
MEM	JOHN E. SYLVESTER CORP	LOWELL COVE ROAD, P.O. BOX	ORRS ISLAND ME

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Kathleen M Sylvester, Attorney 3/1/99 (207)833-6352
(Signature and typed or printed name of signing managing member or manager) (Date) (Daytime Phone #)

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