2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000025

1. Entity Name

HILLS APARTMENT COMMUNITIES, L.C.

FILED

00 MAR 14 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2355 W. MICHIGAN AVE. PENSACOLA FL	P.O. BOX 48 % JOHN E. SYLVESTER JR. ORR'S ISLAND ME 04066-0048

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3175705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, THOMAS G
510 E. ZARAGOZA
PENSACOLA FL 32582

7. Name and Address of New Registered Agent

Name: Corporate Access, Inc.
Street Address (P.O. Box Number is Not Acceptable): 236 East 6th Avenue
City: Tallahassee **FL** Zip Code: 32303

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.

SIGNATURE _____ 3/14/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM SYLVESTER, JOHN E JR LOWELL COVE ROAD P.O. BOX 48 N/A ORRS ISLAND ME 04066-0048	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003178679--2 -03/22/00--01003--010 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM SYLVESTER, KATHLEEN M LOWELL COVE ROAD N/A ORRS ISLAND ME 04066-0048	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM JOHN E. SYLVESTER CORP, A MAINE CORPORATIO LOWELL COVE ROAD, P.O. BOX 48 N/A ORRS ISLAND ME 04066-0048	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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 REQUIRED Manager/Member/Trustee 3.8.00 (204) 833-6252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

Kathleen M. Sylvester