# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 09, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L93000000025

1. Entity Name
HILLS APARTMENT COMMUNITIES, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 2355 W. MICHIGAN AVE.<br>PENSACOLA, FL 32526 | P.O. BOX 48<br>% JOHN E. SYLVESTER JR.<br>ORR'S ISLAND, ME 04066 |

**DO NOT WRITE IN THIS SPACE**

01292004 No Chg-LLC CR2E083 (10/03)

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

CORPORATE ACCESS, INC.
236 E. 6TH AVE.
TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is $50.00**
**Due by May 1, 2004**

U00000082300
03/09/04-80024-001 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MEM |
| NAME | SYLVESTER, JOHN E JR |
| STREET ADDRESS | LOWELL COVE ROAD P.O. BOX 48 N/A |
| CITY-ST-ZIP | ORRS ISLAND, ME 040660048 |
| TITLE | MEM |
| NAME | SYLVESTER, KATHLEEN M |
| STREET ADDRESS | LOWELL COVE ROAD N/A |
| CITY-ST-ZIP | ORRS ISLAND, ME 040660048 |
| TITLE | MEM |
| NAME | JOHN E. SYLVESTER CORP, A MAINE CORPORATIO |
| STREET ADDRESS | LOWELL COVE ROAD, P.O. BOX 48 N/A |
| CITY-ST-ZIP | ORRS ISLAND, ME 040660048 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Kathleen M. Sylvester 3.1.04 (207)833-6252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #