

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000025

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** HILLS APARTMENT COMMUNITIES, L.C.

**Current Principal Place of Business:**

2355 W. MICHIGAN AVE.  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48  
% JOHN E. SYLVESTER JR.  
ORR'S ISLAND, ME 04066

**New Mailing Address:**

**FEI Number:** 59-3175705      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MEM ( ) Delete  
Name: SYLVESTER, JOHN E JR  
Address: LOWELL COVE ROAD P.O. BOX 48 N/A  
City-St-Zip: ORRS ISLAND, ME 040660048

Title: MEM ( ) Delete  
Name: SYLVESTER, KATHLEEN M  
Address: LOWELL COVE ROAD N/A  
City-St-Zip: ORRS ISLAND, ME 040660048

Title: MEM ( ) Delete  
Name: JOHN E. SYLVESTER CO, RP, A MAINE CO R PORATIO  
Address: LOWELL COVE ROAD, P.O. BOX 48 N/A  
City-St-Zip: ORRS ISLAND, ME 040660048

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SYLVESTER, JOHN E JR  
Address: LOWELL COVE ROAD P.O. BOX 48 N/A  
City-St-Zip: ORRS ISLAND, ME 040660048

Title: MGRM (X) Change ( ) Addition  
Name: SYLVESTER, KATHLEEN M  
Address: LOWELL COVE ROAD N/A  
City-St-Zip: ORRS ISLAND, ME 040660048

Title: MGRM (X) Change ( ) Addition  
Name: JOHN E. SYLVESTER CO, RP, A MAINE CO R PORATIO  
Address: LOWELL COVE ROAD, P.O. BOX 48 N/A  
City-St-Zip: ORRS ISLAND, ME 040660048

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGRM

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date