# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 22, 2009**
**Secretary of State**

DOCUMENT# L93000000025

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

**Current Principal Place of Business:**

2355 W. MICHIGAN AVE.
O-2
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/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | SYLVESTER, JOHN E JR | |
| Address: | 1 LOWELL COVE ROAD P.O. BOX 48 | |
| City-St-Zip: | ORRS ISLAND, ME 040660048 | |
| Title: | MGRM | ( ) Delete |
| Name: | SYLVESTER, KATHLEEN M | |
| Address: | 1 LOWELL COVE ROAD | |
| City-St-Zip: | ORRS ISLAND, ME 040660048 | |
| Title: | MGRM | ( ) Delete |
| Name: | JOHN E. SYLVESTER CO, RP, A MAINE CO R PORATIO | |
| Address: | 1 LOWELL COVE ROAD, P.O. BOX 48 | |
| City-St-Zip: | ORRS ISLAND, ME 040660048 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 01/22/2009

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