2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000424

1. Entity Name
WILLOWS APARTMENTS, L.L.C.

Principal Place of Business	Mailing Address
201 SOUTH AMELIA AVENUE, SUITE G-4 DELAND, FL 32724	201 SOUTH AMELIA AVENUE, SUITE G-4 DELAND, FL 32724

02032004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3553663
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIRLINGER, ROBERT A
201 SOUTH AMELIA AVENUE, SUITE G-4
DELAND, FL 32724

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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

U00000098838
03/29/04-80058-012 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CENTRAL MANAGEMENT COMPANY OF OHIO, INC.
STREET ADDRESS	201 SOUTH AMELIA AVENUE, SUITE G-4
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #