

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000424

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



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

Mailing Address
**201 SOUTH AMELIA AVENUE, SUITE G-4
DELAND, FL 32724**



01192005No 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

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

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CENTRAL MANAGEMENT COMPANY OF OHIO, INC.
201 SOUTH AMELIA AVENUE, SUITE G-4
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/14/05-80024-008 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donald Hays **DONALD HARP** 7/2/05 614 863 2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #