2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000424

1. Entity Name

WILLOWS APARTMENTS, L.L.C.



Principal Place of Business M

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

Mailing Addres

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

FILED Mar 17, 2008 08:00 A Secretary of State



02132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3553663

Applied For Not Applicable

5. Certificate of Status Desired

Ø

\$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. Lam familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable

(NOTE; Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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	LIO0000862345 04/03/08=80045=01/2/1/43&75	
NAME STREET ADDRESS CITY+ST+ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
NAME STREET ADDRESS GITY-ST-ZIP	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Onald Have PONALD HARP 02/15/08 614863 2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Despired Phone if