2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# M05000000822

Entity Name: HILLCREST APARTMENTS, LLC

Current Principal Place of Business:

3281 GUASTI ROAD SUITE 800
ONTARIO, CA 91716

New Principal Place of Business:

Current Mailing Address:

3281 GUASTI ROAD SUITE 800
ONTARIO, CA 91716

New Mailing Address:

FEI Number: 54-2103736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEDER, LAWRENCE
2450 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 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: GARCIA, ALEXANDER JR.
Address: 3281 GUASTI ROAD SUITE 800
City-St-Zip: ONTARIO, CA 91716

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GARCIA, ALEXANDER JR.
Address: 3281 GUASTI ROAD SUITE 800
City-St-Zip: ONTARIO, CA 91761

Title: MGRM ( ) Change (X) Addition
Name: MELTOM, BILL
Address: 3281 GUASTI ROAD SUITE 800
City-St-Zip: ONTARIO, CA 91761

Title: MGRM ( ) Change (X) Addition
Name: MONIAK, RICH
Address: 8780 19TH STREET P.O BOX #492
City-St-Zip: ALTA LOMA, CA 91701

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEX GARCIA MGRM 04/28/2006

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