
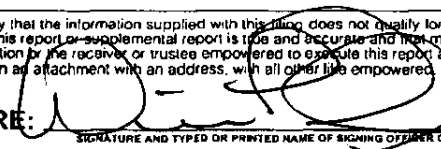


FILED
Jun 07, 2007 8:00 am
Secretary of State

5/11

05-11-2007 90036 045 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000073241		
1. Entity Name HILLCREST/59 APARTMENTS, INC.		
Principal Place of Business 3033 NW 63 SUITE 155 OKLAHOMA CITY, OK 73116		Mailing Address 3033 NW 63 SUITE 155 OKLAHOMA CITY, OK 73116 US
DO NOT WRITE IN THIS SPACE		
		03082007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0701603		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
C. Name and Address of Current Registered Agent CIKLIN, ALN J 515 FLAGLER 18TH FLOOR WEST PALM BEACH, FL 33401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES SHARPE, WILLIAM L 3033 NW 63 - SUITE 155 OKLAHOMA CITY, OK 73003	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC NAIFEH, FRANK E 3033 NW 63 - SUITE 160 OKLAHOMA CITY, OK 73116	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.		
SIGNATURE: 		6/6/07 405-848-5631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #