

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062130

FILED  
May 16, 2006  
Secretary of State

Entity Name: WORKFORCE HOUSING SOLUTIONS, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

2165 SW 103 PL  
MIAMI, FL 33165

**Current Mailing Address:**

**New Mailing Address:**

2165 SW 103 PL  
MIAMI, FL 33165

FEI Number: FEI Number Applied For  (X) FEI Number Not Applicable  ( ) Certificate of Status Desired  ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TRIANA, LOURDES  
2165 SW 103 PL  
MIAMI, FL 33165 US

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:**

**ADDITIONS/CHANGES:**

Title: MGR  ( ) Delete  
Name: TRIANA, LOURDES  
Address: 2165 SW 103 PL  
City-St-Zip: MIAMI, FL 33165

Title:  ( ) Change  ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LOURDES TRIANA

MGR

05/16/2006

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