

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080001

**Entity Name:** HOWELL BRANCH NP GP, L.L.C.

**Current Principal Place of Business:**

C/O HOUSING & NEIGHBORHOOD DEVELOPMENT  
1707 ORLANDO CENTRAL PARKWAY, STE.#350  
ORLANDO, FL 32809

**Current Mailing Address:**

C/O HOUSING & NEIGHBORHOOD DEVELOPMENT  
1707 ORLANDO CENTRAL PARKWAY, STE.#350  
ORLANDO, FL 32809

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

STEWART, J. DARIN  
C/O GRAYROBINSON  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FL 32801 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

**Authorized Person(s) Detail :**

Title MGRM  
Name HOUSING & NEIGHBORHOOD  
DEVELOPMENT SRVCS.  
Address OF CENTRAL FLORIDA, INC., 1707  
ORLANDO  
City-State-Zip: CENTRAL PKWY. #350, ORLANDO FL  
32809

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JILL MCREYNOLDS, EXECUTIVE DIRECTOR OF  
H.A.N.D.S.**

**MGRM**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date