


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000000922 1. Entity Name OAK GLEN HOUSING ASSOCIATES, L.L.C. |  |
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|---|---|
| Principal Place of Business 6420 SW MACADAM #100 PORTLAND, OR 97239 | Mailing Address 6420 SW MACADAM #100 PORTLAND, OR 97239 |
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| DO NOT WRITE IN THIS SPACE |
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04212008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 59-3701807 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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. 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 reinstating) DATE</small> |

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

U000000923648
05/16/08-80039-016 143.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SAH OAK GLEN LIMITED, INC. 6420 SW MACADAM, #100 PORTLAND, OR 97239 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SAH AFFORDABLE HOUSING, INC. 6420 SW MACADAM, #100 PORTLAND, OR 97239 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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11. 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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Dinesh Davar, CFO

April 21, 2009

949-852-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #