


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 FEB 14 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000001048 1. Entity Name SHA HOUSING, L.L.C.					
Principal Place of Business 599 WEST PUTNAM AVE., SUITE 3 GREENWICH, CT 06830-6005			Mailing Address 599 WEST PUTNAM AVE., SUITE 3 GREENWICH, CT 06830-6005		
2. Principal Place of Business Brandywine Centre 1, 580 Village Blvd. Suite, Apt. #, etc. Suite 120 City & State West Palm Beach, Florida Zip 33409 Country U.S.A.		3. Mailing Address Brandywine Centre 1, 580 Village Blvd. Suite, Apt. #, etc. Suite 120 City & State West Palm Beach, Florida Zip 33409 Country U.S.A.			
4. FEI Number 01052005 Chg-LLC CR2E083 (10/03) 06-1607140				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC 390 NORTH ORANGE AVE, STE 1100 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRGGP LLC 919 CLEMATIS STREET, SUITE 901 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brandywine Centre 1, 580 Village Blvd., Ste. 120 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>TRG GP LLC its sole member</u> Kristin M. Miller, President					
Date: <u>2/10/05</u> Daytime Phone #: <u>803 869-0900</u>					