

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006143

DOCUMENT # L01000004826

1. Entity Name

NATIONAL HOUSING INVESTORS, LLC



FILED

2003 APR 21 PM 4:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~3260 UNIVERSITY BLVD.~~
~~SUITE 210~~
~~WINTER PARK FL 32792~~

3260 UNIVERSITY BLVD.
SUITE 210
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

3300 University Blvd 3300 University Blvd.

Suite, Apt. #, etc.
Suite 218

Suite, Apt. #, etc.
Suite 218

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip Country
32792 USA

Zip Country
32792 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3715006

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADDOCK, EDWARD E JR.

Name

Street Address (P.O. Box Number is Not Acceptable)

3300 University Blvd.

Suite 218

City Winter Park

FL

32792

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

400016377724
04/21/03--01035--009 **\$5.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNGATE REAL ESTATE LLLP 950 SOUTH CHERRY ST STE 1000 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE HEAVENER COMPANY REAL ESTATE LLC 3260 UNIVERSITY BLVD STE 210 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHELPS REAL ESTATE LLC 3260 UNIVERSITY BLVD STE 210 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 University Blvd, Suite 218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 University Blvd, Suite 218
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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:

Signature Required

4/10/03

407-679-6171

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

Date

Daytime Phone #

CR2E083 (10/02)