

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006144

DOCUMENT # L01000004828

1. Entity Name

NATIONAL HOUSING PARTNERS, LLC



FILED

2003 APR 21 PM 4:17

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

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 210

Suite, Apt. #, etc.
Suite 210

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip Country
32792 USA

Zip Country
32792 USA

4. FEI Number 59-3715002

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 210

City & State
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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
NATIONAL HOUSING INVESTORS, LLC
STREET ADDRESS ~~3260 UNIVERSITY BLVD. SUITE 210~~
CITY-ST-ZIP ~~WINTER PARK FL 32792~~

TITLE NAME ☒ Change ☐ Addition
3300 University Blvd. Suite 210
STREET ADDRESS
CITY-ST-ZIP Winter Park FL 32792

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4/10/03

407-679-6171

CR2E083 (10/02)