

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90031 011 ****55.00

DOCUMENT # L01000013734

1. Entity Name

SCATTERED SITE HOME OWNERSHIP, L.L.C.

Principal Place of Business

**9999 N.E. 2ND AVENUE, SUITE 300
 MIAMI SHORES FL 33138**

Mailing Address

**9999 N.E. 2ND AVENUE, SUITE 300
 MIAMI SHORES FL 33138**

2. Principal Place of Business

1175 NE 125th ST

Suite, Apt. #, etc.

Suite # 418

City & State

Miami, FL

Zip

33161

Country

DADE

3. Mailing Address

1175 NE 125th ST

Suite, Apt. #, etc.

Suite 418

City & State

Miami, FL

Zip

33161

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1131754

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TOWNSEL, ALPHONSO D
 9999 N.E. 2ND AVENUE, SUITE 300
 MI FL**

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.

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **AL TOWNSEL, INC.**
 STREET ADDRESS **9999 N.E. 2ND AVENUE, SUITE 300**
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **MGRM** ☐ Delete
 NAME **LITTLE HAITI HOUSING ASSOCIATION, INC.**
 STREET ADDRESS **181 N.E. 82ND STREET**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED

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

Date

Daytime Phone #

2/11/02 305 892-5195

CR2E083 (9/01)