

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013734

1. Entity Name
SCATTERED SITE HOME OWNERSHIP, L.L.C.



Principal Place of Business

**1175 NE 125 STREET
STE 418
MIAMI SHORES, FL 33138**

Mailing Address

**1175 NE 125 STREET
STE 418
MIAMI SHORES, FL 33138**



04092004 No Chg-LLC

CR2E083 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000111039
04/12/04-80107-006 55.00

9. **MANAGING MEMBERS/MANAGERS**

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

305

Alphonso D. Townsel 4/9/04 799-5195