2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000008760

1. Entity Name
HOUSING AND HOUSING LLC

FILED
04 MAY 21 PM 4:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business	Mailing Address
104 CRANDON BLVD SUITE 401 MIAMI, FL 33149	104 CRANDON BLVD SUITE 401 MIAMI, FL 33149

03012003 Chg-LLC CR2E083 (10/03) 5/21

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
04-3647998
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VALENCIA, LUIS F
104 CRANDON BOULEVARD
SUITE 401
KEY BISCAYNE, FL 33149

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00 | **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALEX COBO 350 GRAPETREE DRIVE #410 KEY BISCAYNE, FL 33149	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUIS F. VALENCIA 104 CRANDON BLVD, STE 401. KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOUSING DEVELOPMENT LLC 350 GRAPETREE DRIVE #410 KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500037566135 06/04/04--01032--032 **55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 05-07-04. 786-385-9427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #