

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000011278

1. Entity Name  
SPECIAL NEEDS HOUSING, LLC



Principal Place of Business  
1123 PINELLAS STREET  
CLEARWATER, FL 33756

Mailing Address  
1123 PINELLAS STREET  
CLEARWATER, FL 33756



02242005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
09-2448150

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KRAKOWCR, CAROLANNE  
1123 PINELLAS STREET  
CLEARWATER, FL 33756

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAKOWER, STEVEN 1123 PINELLAS STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAKOWER, CAROLANNE 1123 PINELLAS STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000269177  
03/18/05-20072-020 \$5.00

**DO NOT WRITE  
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: *x Steven R. Krakower* Steven R. Krakower

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

*x 3/13/05* 599-3407

Date

Daytime Phone #