

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90565 031 \*\*\*\*50.00

0035999

**DOCUMENT # L02000011278**



1. Entity Name  
**SPECIAL NEEDS HOUSING, LLC**

Principal Place of Business      Mailing Address  
1123 PINELLAS STREET      1123 PINELLAS STREET  
CLEARWATER FL 33756      CLEARWATER FL 33756

**30065920**



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

CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For  
**09-2448150**      Not Applicable  
5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RILEY, STEVEN P**  
**4805 WEST LAUREL STREET STE. 230**  
**TAMPA FL 33607**

7. Name and Address of New Registered Agent  
Name: **Campbell, Virgilio, LC**  
Street Address (P.O. Box Number is Not Acceptable): **7215 Hiawatha Park Way**  
City: **Spring Hill**      FL      Zip Code: **34606**

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]*      **MANAGER MEMBER**      **4/13/03**  
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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KRAKOWER, STEVEN</b>	
STREET ADDRESS	<b>1123 PINELLAS STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KRAKOWER, CAROLANNE</b>	
STREET ADDRESS	<b>1123 PINELLAS STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NEUSCHAEFER, WILLIAM</b>	
STREET ADDRESS	<b>2297 PINE COURT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*      **SIGNATURE REQUIRED**      **4-27-03**      **(407) 701-0449**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)