2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003-90102-001-$50.00-$50.00

FILED

03 OCT -7 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000018689

1. Entity Name
800 HOUSING NET, LLC

Principal Place of Business
333 EXECUTIVE COURT. STE. 111
LITTLE ROCK AR 72205

Mailing Address
333 EXECUTIVE COURT. STE. 111
LITTLE ROCK AR 72205

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 81-0602498 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
CLENDENING, JIM
1408 N. WESTSHORE BLVD. #116
TAMPA FL 33607

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

$0.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	☐ Change ☐ Addition
NAME	WARNER, C. RANDOLPH III ☒ Delete	NAME	
STREET ADDRESS	333 EXECUTIVE COURT, STE. 111	STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR 72205	CITY-ST-ZIP	
TITLE	MGR	TITLE	☐ Change ☐ Addition
NAME	WARNER, MATTHEW HP ☐ Delete	NAME	
STREET ADDRESS	333 EXECUTIVE COURT, STE. 111	STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR 72205	CITY-ST-ZIP	
TITLE	MGR	TITLE	☐ Change ☐ Addition
NAME	FAUBION, RON ☒ Delete	NAME	T CLINE
STREET ADDRESS	333 EXECUTIVE COURT, STE. 111	STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR 72205	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 9.17.03 501/978 6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (/ '03)