

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020476

FILED
Jan 23, 2006
Secretary of State

Entity Name: ADVANCED COMMUNITY HOUSING, L.L.C.

Current Principal Place of Business:

250 CATALONIA AVE STE 606
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

PO BOX 279
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 04-3715155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMEIER, BARRY S
250 CATALONIA AVE STE 606
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDMEIER, BARRY
Address: 250 CATALONIA AVE STE 606
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: MUELLER, CRYSTAL
Address: 250 CATALONIA AVE STE 606
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: COHEN, MICHELLE
Address: 250 CATALONIA AVE STE 606
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY GOLDMEIER

MGRM

01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date