

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L02000020822 | |
| 1. Entity Name NEILSON HOUSING, L.L.C. | |
| Principal Place of Business 1332 WEST COLONIAL DRIVE ORLANDO, FL 32804 | Mailing Address PO BOX 547638 ORLANDO, FL 32854-7638 |



01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|-----------------------------------|
| 4. FEI Number 56-2289224 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent NEILSON, W. LANE 1332 WEST COLONIAL DRIVE ORLANDO, FL 32804 | DO NOT WRITE IN THIS SPACE |
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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 reinstalling) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NEILSON, W. LANE 1332 WEST COLONIAL DRIVE ORLANDO, FL 32804 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #