

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

000714

DOCUMENT # L02000025062

1. Entity Name

THE HOUSING AUTHORITY LLC



Principal Place of Business

4446 HENDRICKS AVE.
SUITE 203
JACKSONVILLE FL 32207

Mailing Address

4446 HENDRICKS AVE.
SUITE 203
JACKSONVILLE FL 32207

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Jacksonville FL

32247

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERMAINE, JOHN W
4446 HENDRICKS AVE
SUITE 203
JACKSONVILLE FL 32207

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)

John Germaine

12/31/03

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
John Germaine
PO Box 5652
Jacksonville FL 32247

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900024844019
11/19/03--01006--026 **100.00

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP
900024844019
01/06/04--01007--010 **50.00

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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 REQUIRED

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

11/1/03

DATE

904 349-4000

Daytime Phone #

CR2E083 (4/03)