



**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

\_\_\_\_\_

<b>DOCUMENT # L03000020246</b>				04-05-2004 90493 039 *****55.00	
<b>1. Entity Name</b> RESIDENTIAL HOUSING DEVELOPMENT, LLC					
<b>Principal Place of Business</b> 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401		<b>Mailing Address</b> 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-1199447	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	HOUSING OPERATING, LLC		<b>NAME</b>		
<b>CITY-ST-ZIP</b>	1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401		<b>STREET ADDRESS</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>		
<b>NAME</b>			<b>TITLE</b>	MV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>NAME</b>	Nick Anderson	
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	1555 Palm Beach Lakes Blvd #1100	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	West Palm Beach FL 33401	
<b>NAME</b>			<b>TITLE</b>	MV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>NAME</b>	Derek Anderson	
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	1555 Palm Beach Lakes Blvd #1100	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	West Palm Beach FL 33401	
<b>NAME</b>			<b>TITLE</b>	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>NAME</b>	E LlwYd Ecclestone	
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	1555 Palm Beach Lakes Blvd #1100	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	West Palm Beach FL 33401	
<b>NAME</b>			<b>TITLE</b>	EVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>NAME</b>	Ron Cooper	
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	1555 Palm Beach Lakes Blvd #1100	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	West Palm Beach FL 33401	
<b>NAME</b>			<b>TITLE</b>	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>NAME</b>	Nannette Gammon	
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	1555 Palm Beach Lakes Blvd #1100	
			<b>CITY-ST-ZIP</b>	West Palm Beach FL 33401	
<b>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.</b>					
<b>SIGNATURE:</b> _____		Ron Cooper		4/1/04 561/686-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	