## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 27, 2008 8:00 am Secretary of State

Make   Pack   Designed	***	DOCUMENT # L03000020246  1. Entity Name RESIDENTIAL HOUSING DEVELOPMENT, LLC				02-27-2008 900	-	3.75
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  City  S. Certificate of Status Desired  For Required  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  FL  Z	1555 PALM BEACH LAKES BLVD C/O FLORIDA MANAGEM SUITE 1100 P.O. BOX 3267						T ITEU BEIKE HEN EKEN EK	
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S5. 00 Additional   S6. Name and Address of Current Registered Agent   S. Certificate of Status Desired   S6. 00 Additional   S6. Name and Address of Current Registered Agent   S. Certificate of Status Desired   S6. Name and Address of New Registered Agent   Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182008 Chg-LLC (	CR2E083 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered 8. The above Tamed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  8. The above Tamed 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  8. The Above Tamed 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  8. THE NOWILL FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANCES  Planta Department of State  10. ADDITIONS/CHANCES  10. Change   Addition   10. Change   Addition   10. ADDITIONS/CHANCES  10. Change   Addition   10. Change   Addition   10. ADDITIONS/CHANCES  10. Change   Addition   10. Change	City & State		City & State		1		·	
Name	Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired [		
ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD., SUITE 1100  WEST PALM BEACH, FL 33401  City  City  FL  Zip Code  City  Addition  ADDITIONS/CHANGES  Florida Department of State  Addition  Addition  Addition  AMME  HOUSING OPERATING, LLC  STRET ADDRESS  CITY-ST-Zip  WEST PALM BEACH, FL 33401  CITY-ST-Zip  CITY-ST-Zip  CITY-ST-Zip  CITY-ST-Zip  PALM BEACH, FL 33401  CITY-ST-Zip  CITY-ST-Z		6. Name and Address of Current	Registered Agent			7. Name and Address of New Regis	tered Agent	
Street Address (P.O. Box Number is Not Acceptable)  WEST PALM BEACH, FL 33401  City  TL  City  TL  Zip Code  City  TL  Zip Code  City  TL  Signature speak of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature Speak of registered agent and site 4 applicable.  NOTE Registered Agent square required when remetable)  Part Hill NOWILL FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MGR  HOUSING OPERATING, LLC  NAME  HOUSING OPERATING, LLC  1555 PALM BEACH LAKES BLVD., SUITE 1100  SIRRET ADDRESS  CITY-ST-ZIP  WEST PALM BEACH LAKES BLVD/LITED  ANDERSON, NICK  NAME  ANDERSON, NICK  NAME  ANDERSON, NICK  SIRRET ADDRESS  CITY-ST-ZIP  V  ANDERSON, DEREK	COOL EST	ONE E LLWOVE			Name			
8. The above named entity submits this statement for the purpose of changing its 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 site if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE	1555 PALM BEACH LAKES BLVD., SUITE 1100				Street Address (P.O. Box Number is Not Acceptable)			
THE DOWN!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  ITILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  ITILE MGR		:			City		FL Zip Code	<del></del>
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75    Make check payable to Florida Department of State			r the purpose of changing its	registere	ed office or regi	stered agent, or both, in the State of Florida	. I am familiar with,	and accept
### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75    Make check payable to Florida Department of State	SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registere	d Agent signature reg	juired when reinstating)	DATE	
TITLE NAME HOUSING OPERATING, LLC STREET ADDRESS CITY-ST-ZIP  TITLE V ANDERSON, NICK STREET ADDRESS CITY-ST-ZIP  TITLE V ANDERSON, NICK STREET ADDRESS CITY-ST-ZIP  TITLE V ANDERSON, NICK STREET ADDRESS CITY-ST-ZIP  TITLE V ANDERSON, DEREK STREET ADDRESS CITY-ST-ZIP  TITLE V Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE V DELET NAME STREET ADDRESS CITY-ST-ZIP  TITLE ANDERSON, DEREK TISTEET ADDRESS CITY-ST-ZIP  TITLE DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE P DELET DELET NAME DELET TITLE NAME DELET NAME C Change Addition	FILE NOW!!! FEE IS \$138.75					Florida De	neck payable to	
NAME	9.		RS/MANAGERS	10.		ADDITIONS/CHA	ANGES	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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	NITLE NAME STREET ADORESS CITY-ST-ZIP TITLE TITLE THE NAME TREET ADORESS CITY-ST-ZIP TITLE	1555 PALM BEACH LAKES BLVI WEST PALM BEACH, FL 33401 V ANDERSON, DEREK 1555 PALM BEACH LAKES BLVI WEST PALM BEACH, FL 33401 P ECCLESTONE, LLWYD E 1555 PALM BEACH LAKES BLVI WEST PALM BEACH, FL 33401 EVPT COOPER, RON 1555 PALM BEACH LAKES BLVI WEST PALM BEACH LAKES BLVI WEST PALM BEACH, FL 33401 S	D#1100  Delete  D., SUITE 1100  Delete  D.#1100  Delete  D., SUITE 1100  Delete	NAM STRE CITY TITLE NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	ELENA LEYENDECKER 555 PALM BEACH LAKES BLVD, # 1 /EST PALM BEACH, FL 33401 /T IANNETTE GAMMON 555 PALM BEACH LAKES BLVD, # 1	Change  Change	Addition Addition

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: MANUEL HOMMON

NANNETTE GAMMON 2/26/28

Date Daytime Pr