

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000021835

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** HOUSING OPERATING, LLC

**Current Principal Place of Business:**

1555 PALM BEACH LAKES BLVD.  
STE. 1100  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FLORIDA MANAGEMENT COMPANY  
P.O. BOX 3267  
WEST PALM BEACH, FL 33402

**New Mailing Address:**

1555 PALM BEACH LAKES BLVD.  
STE. 1100  
WEST PALM BEACH, FL 33401

**FEI Number:** 65-1195160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ECCLESTONE, E. LLWYD JR.  
1555 PALM BEACH LAKES BLVD.  
STE. 1100  
WEST PALM BEACH, FL 33401 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  
**Name:** ECCLESTONE, E LLWYD TRUST  
**Address:** 1555 PALM BEACH LAKES BLVD #1100  
**City-St-Zip:** WEST PALM BEACH, FL 33401

I hereby 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:** NANNETTE GAMMON

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03/11/2010

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