## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000043846

Entity Name: SPECIAL NEEDS HOUSING SOLUTIONS, LLC

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 342424 833 SOUTH NEWPORT AVENUE

TAMPA, FL 336942424 US TAMPA, FL 33606 US

Current Mailing Address: New Mailing Address:

P.O. BOX 342424 833 SOUTH NEWPORT AVENUE

TAMPA, FL 336942424 US TAMPA, FL 33606 US

FEI Number: 35-2220395 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MARTIN, MARIE B
MARTIN, MARIE B
833 SOUTH NEWPORT AVENUE

LUTZ, FL 33558 US TAMPA, FL 33606 US

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: MARIE MARTIN 01/09/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGM (X) Change ( ) Addition

Name: MARTIN, MARIE B Name: MARTIN, MARIE B
Address: 18549 BITTERN AVE. Address: 833 SOUTH NEWPORT AVENUE

City-St-Zip: LUTZ, FL 33558 City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARIE B. MARTIN MGM 01/09/2006