


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L03000043846 1. Entity Name SPECIAL NEEDS HOUSING SOLUTIONS, LLC	
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Principal Place of Business 833 SOUTH NEWPORT AVENUE TAMPA, FL 33606 US	Mailing Address 833 SOUTH NEWPORT AVENUE TAMPA, FL 33606 US
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DO NOT WRITE IN THIS SPACE



02072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 35-2220395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, MARIE B
833 SOUTH NEWPORT AVENUE
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM MARTIN, MARIE B 833 SOUTH NEWPORT AVENUE TAMPA, FL 33606
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04/08/08-80022-024 138.75

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *Marie B Martin* **3/18/08** 813.250.1257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #