

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043846

FILED  
Feb 21, 2009  
Secretary of State

**Entity Name:** SPECIAL NEEDS HOUSING SOLUTIONS, LLC

**Current Principal Place of Business:**

833 SOUTH NEWPORT AVENUE  
TAMPA, FL 33606 US

**New Principal Place of Business:**

801 S. DELAWARE AVENUE  
TAMPA, FL 33606 US

**Current Mailing Address:**

833 SOUTH NEWPORT AVENUE  
TAMPA, FL 33606 US

**New Mailing Address:**

801 S. DELAWARE AVENUE  
TAMPA, FL 33606 US

**FEI Number:** 35-2220395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MARTIN, MARIE B  
801 S. DELAWARE AVENUE  
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:

02/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGM ( ) Delete  
Name: MARTIN, MARIE B  
Address: 833 SOUTH NEWPORT AVENUE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: MGM (X) Change ( ) Addition  
Name: MARTIN, MARIE B  
Address: 801 S. DELAWARE AVENUE  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify 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

MM

02/21/2009

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