



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90162 029 ****50.00

DOCUMENT # L04000017680					
1. Entity Name CU HOUSING PARTNERS, LLC					
Principal Place of Business 6801 E. HILLSBOROUGH AVE TAMPA, FL 33610		Mailing Address 6801 E. HILLSBOROUGH AVE TAMPA, FL 33610			
2. Principal Place of Business 711 E. Henderson Ave		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State			
Zip 33602		Country USA		03082005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0822558		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CHARRON, DON 6801 E. HILLSBOROUGH AVE TAMPA, FL 33610			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee Is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Charron, Don	
STREET ADDRESS			STREET ADDRESS	6801 E Hillsborough Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wendell A. Sebastian	
STREET ADDRESS			STREET ADDRESS	710 S Dale Mabey Highway	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Neil Timson	
STREET ADDRESS			STREET ADDRESS	710 S Dale Mabey Highway	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Tom Dorety	
STREET ADDRESS			STREET ADDRESS	6801 E Hillsborough Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	John W. Lizer	
STREET ADDRESS			STREET ADDRESS	5923 Sandhill Ridge Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Lithia, FL 33547	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.					
SIGNATURE: 		Date: 3/15/05		Daytime Phone #: 813-621-7511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



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