

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90425 029 ****55.00

DOCUMENT # L04000017680

1. Entity Name
CU HOUSING PARTNERS, LLC



Principal Place of Business
711 E. HENDERSON AVE.
TAMPA, FL 33602

Mailing Address
6801 E. HILLSBOROUGH AVE
TAMPA, FL 33610

20010915



02062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0822558	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHARRON, DON
6801 E. HILLSBOROUGH AVE
TAMPA, FL 33610

**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 reinstating)

DATE

2/6/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARRON, DON 6801 E. HILLSBOROUGH AVE. TAMPA, FL 33610	Charron, Don
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEBASTIAN, WENDELL A 740 S. DALE MOBBAY HIGHWAY TAMPA, FL 33609	Sebastian, Wendell 711 E. Henderson Blvd. 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMSON, NEIL 740 S. DALE MOBBAY HIGHWAY TAMPA, FL 33609	711 E. Henderson Blvd. 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORETY, TOM 6801 E. HILLSBOROUGH AVE. TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIZEZ, JOHN W 5923 SANDHILL RIDGE DRIVE LITHIA, FL 33547	Delete Deceased
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/6/06

813-621-7511
X 816600