

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90052 015 \*\*\*\*\*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

60005562



01112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0822558

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CHARRON, DON  
6801 E. HILLSBOROUGH AVE.  
TAMPA, FL 33610

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SEBASTIAN, WENDELL  
711 E HENDERSON BLVD  
TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
TIMSON, NEIL  
711 E HENDERSON BLVD  
TAMPA, FL 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

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

DON CHARRON

Date

01/12/07

Daytime Phone #

813-621-7511