

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017680

FILED
Feb 23, 2009
Secretary of State

Entity Name: CU HOUSING PARTNERS, LLC

Current Principal Place of Business:

711 E. HENDERSON AVE.
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

6801 E. HILLSBOROUGH AVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-0822558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LOVETT, VICKI
6801 E. HILLSBOROUGH AVE
TAMPA, FL 33610 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: VICKI LOVETT

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHARRON, DON
Address: 6801 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

Title: MGR () Delete
Name: SEBASTIAN, WENDELL
Address: 711 E HENDERSON BLVD
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: DORETY, TOM
Address: 6801 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOVETT, VICKI
Address: 6801 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VICKI LOVETT

MGR

02/23/2009

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