2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L05000007481

Entity Name: LM HOUSING, LLC

Current Principal Place of Business:

3200 EAST JOHNSON AVENUE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

PO BOX 15470
PENSACOLA, FL 325140470

New Mailing Address:

FEI Number: 59-2049647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH R JR
3200 EAST JOHNSON AVENUE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete
Name: WILLIAMS, JOSEPH R JR.
Address: 1705 BAKALANE AVE
City-St-Zip: PENSACOLA, FL 32504 US

Title: MR ( ) Delete
Name: WILLIAMS, JEFFREY L
Address: 750 WOODBINE DR
City-St-Zip: PENSACOLA, FL 32503 US

Title: MR ( ) Delete
Name: WILLIAMS, SCOTT B
Address: 3305 WHITELEAF CIR
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES:

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

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: JOE WILLIAMS P 02/06/2009

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