

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:01

DOCUMENT # L05000015275			
1. Entity Name EXTRA HOUSING INVESTMENT, LLC			
Principal Place of Business 9620 S.W. 45TH STREET MIAMI, FL 33165		Mailing Address 9620 S.W. 45TH STREET MIAMI, FL 33165	
2. Principal Place of Business 17420 S.W. 84TH CT Suite, Apt. #, etc.		3. Mailing Address 17420 SW 84TH CT Suite, Apt. #, etc.	
City & State VILLAGE OF PALMETTO BAY		City & State VILLAGE OF PALMETTO BAY	
Zip 33157-6058		Country US	
4. FEI Number 20-2442562		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A 9620 S.W. 45TH STREET MIAMI, FL 33165		7. Name and Address of New Registered Agent Name 17420 S.W. 84TH CT Street Address (P.O. Box Number is Not Acceptable) City VILLAGE OF PALMETTO BAY FL Zip Code 33157	
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, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIRANDA, ALEYDA M 9620 S.W. 45TH STREET MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17420 S.W. 84TH CT VILLAGE OF PALMETTO BAY, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JOSE A 9620 S.W. 45TH STREET MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17420 S.W. 84TH CT VILLAGE OF PALMETTO BAY, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: X 		JOSE A RODRIGUEZ 10/12/06 (786) 619-6575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	