

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018900

FILED
Mar 21, 2006
Secretary of State

Entity Name: STRATEGIC HOUSING SOLUTIONS LLC

Current Principal Place of Business:

3583 CONROY ROAD
APT. # 1138
ORLANDO, FL 32839

New Principal Place of Business:

5234 MILLENIA BLVD
APT. 102
ORLANDO, FL 32839

Current Mailing Address:

3583 CONROY ROAD
APT. # 1138
ORLANDO, FL 32839

New Mailing Address:

4630 S. KIRKMAN RD.
#286
ORLANDO, FL 32811

FEI Number: 20-2391779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, JUSTIN K
3583 CONROY ROAD
APT. 1138
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

HARRIS, JUSTIN K
5234 MILLENIA BLVD
APT. 102
ORLANDO, FL 32839 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: JUSTIN HARRIS

03/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRIS, JUSITN K
Address: 3583 CONROY RD. APT. 1138
City-St-Zip: ORLANDO, FL 32839

Title: MGRM (X) Delete
Name: GROGAN, LYNETTE N
Address: 3583 CONROY RD. APT. 1138
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARRIS, JUSITN K
Address: 5234 MILLENIA BLVD. APT. 102
City-St-Zip: ORLANDO, FL 32839

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUSTIN HARRIS

MGRM

03/21/2006

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