

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063671

Entity Name: KTC HOUSING, LLC

FILED
Jul 18, 2008
Secretary of State

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 700
CORAL GABLES, FL 33134 US

Current Mailing Address:

201 ALHAMBRA CIRCLE
SUITE 700
CORAL GABLES, FL 33134 US

New Principal Place of Business:

15500 NEW BARN ROAD
SUITE 104
MIAMI LAKES, FL 33014 US

New Mailing Address:

15500 NEW BARN ROAD
SUITE 104
MIAMI LAKES, FL 33014 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCARDLE & PEREZ
201 ALHAMBRA CIRCLE
SUITE 702
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PINA, ALICIO
15500 NEW BARN ROAD
SUITE 104
MIAMI LAKES, FL 33014 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: ALICIO PINA

07/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MASVIDAL PARTNERS, I, NC
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PINA, ALICIO
Address: 15500 NEW BARN ROAD STE 104
City-St-Zip: MIAMI, FL 33014 US

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: ALICIO PINA

MNGR

07/18/2008

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