2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# L05000104664

Entity Name: CITY LIVING HOMES, LLC

Current Principal Place of Business:

4004 S. MACDILL AVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4004 S. MACDILL AVE.
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-4701576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEEBRICK, BRIAN D
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

AKERMAN SENTERFITT
401 E JACKSON STREET
TAMPA, FL 33601 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: JOSEPH RUGG 07/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete
Name: KEITH, KNUTSSON S D
Address: 4004 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33611

Title: MR. (X) Delete
Name: HOFFMAN, MATTHEW P D
Address: 4004 S. MACDILL AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition
Name: HOFFMAN, MATTHEW P
Address: 4004 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33611

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: MATTHEW P. HOFFMAN MGR 07/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date