

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003100

FILED
Apr 28, 2009
Secretary of State

Entity Name: ATLANTIC HOUSING GROUP PARTNERS, L.L.C.

Current Principal Place of Business:

329 N. PARK AVENUE, STE 300
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4961
ORLANDO, FL 328024961

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORP. SERVICES OF CENTRAL FLA., INC.
390 NORTH ORANGE AVE., SUITE 1400
ORLANDO, FL 32801 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: MGR () Delete
Name: MISSIGMAN, PAUL M
Address: 329 N. PARK AVENUE, STE 300
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: CULP, W. SCOTT
Address: 329 N. PARK AVENUE, STE 300
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: NEVADA HOUSING AND DEVELOPMENT TRUST
Address: 2700 W. SAHARA, SUITE 300
City-St-Zip: LAS VEGAS, NV 89102

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: PAUL M. MISSIGMAN

MGR

04/28/2009

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