

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000050821

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** MULTI-FAMILY HOUSING CAPITAL, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

700 WEST MORSE BOULEVARD  
SUITE 220  
WINTER PARK, FL 32789

**Current Mailing Address:**

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

**New Mailing Address:**

700 WEST MORSE BOULEVARD  
SUITE 220  
WINTER PARK, FL 32789

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCIARRINO, MICHAEL J MGR  
329 N PARK AVENUE  
SUITE 300  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

SCIARRINO, MICHAEL J MGR  
700 WEST MORSE BOULEVARD  
SUITE 220  
WINTER PARK, FL 32789 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: \_\_\_\_\_ 01/19/2010  
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MISSIGMAN, PAUL  
Address: 700 WEST MORSE BOULEVARD, SUITE 220  
City-St-Zip: WINTER PARK, FL 32789

Title: MGR  
Name: SCIARRINO, MICHAEL J  
Address: 700 WEST MORSE BOULEVARD  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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: MICHAEL J SCIARRINO MGR 01/19/2010  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date