

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095268

FILED
Jan 15, 2007
Secretary of State

Entity Name: URBAN HOUSING SOLUTIONS, LLC

Current Principal Place of Business:

14 SOUTH PINE CIRCLE
BELLEAIR, FL 33756

New Principal Place of Business:

Current Mailing Address:

14 SOUTH PINE CIRCLE
BELLEAIR, FL 33756

New Mailing Address:

FEI Number: 20-5704713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLY, CLINTON JR.
14 SOUTH PINE CIRCLE
BELLEAIR, FL 33756 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: SLY, CLINTON JR.
Address: 14 SOUTH PINE CIRCLE
City-St-Zip: BELLEAIR, FL 33756

Title: MGRM () Delete
Name: IRWIN, KAREN
Address: 9335 BLIND PASS ROAD
City-St-Zip: ST PETE BEACH, FL 33706

Title: MGRM () Delete
Name: ROUSON, DARRYL
Address: 3110 FIRST AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

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 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: CLINTON SLY JR

MGR

01/15/2007

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