

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098912

Entity Name: SPECIALIZED HOUSING LLC

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

8815 CONROY WINDERMERE
116
ORLANDO, FL 32835 US

New Principal Place of Business:

1325 COMMON WAY ROAD
ORLANDO, FL 32814 US

Current Mailing Address:

8815 CONROY WINDERMERE
116
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 20-8709370 FEI Number Applied For () FEI Number Not Applicable () 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:

MCCANN, ERIC
8815 CONROY WINDERMERE
STE 116
ORLANDO, FL 32835 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: THE LIMNAH TRUST,
Address: 8815 CONROY WINDERMERE
City-St-Zip: ORLANDO, FL 32835 US

Title: MGR (X) Delete
Name: THE OMNI TRUST,
Address: 8815 CONROY WINDERMERE
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCANN, ERIC CIO
Address: 8815 CONROY WINDERMERE RD STE 116
City-St-Zip: ORLANDO, FL 32835 US

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: ERIC MCCANN

MGRM

07/03/2007

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