

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109530

Entity Name: FLORIDA HOUSING, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

707 WEST LAKE ROAD
WIMAMUA, FL 33598

New Principal Place of Business:

707 WEST LAKE ROAD
WIMAMUA, FL 33598 US

Current Mailing Address:

707 WEST LAKE ROAD
WIMAMUA, FL 33598

New Mailing Address:

707 WEST LAKE ROAD
WIMAMUA, FL 33598 US

FEI Number: 20-5951825 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:

PIEDIMONTE, ANTHONY J
707 WEST LAKE ROAD
WIMAMUA, FL 33598 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: MGRM () Delete
Name: PIEDMONTE, ANTHONY J
Address: 707 WEST LAKE ROAD
City-St-Zip: WIMAMUA, FL 33598

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIEDIMONTE, ANTHONY J
Address: 707 WEST LAKE ROAD
City-St-Zip: WIMAMUA, FL 33598 US

Title: MGRM () Change (X) Addition
Name: WILLIAMS, JEFFREY
Address: 707 WEST LAKE ROAD
City-St-Zip: WIMAMUA, FL 33598 US

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: ANTHONY J PIEDIMONTE

MGRM

05/01/2007

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