

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032123

FILED
Jan 14, 2008
Secretary of State

Entity Name: FRIENDSHIP VILLAGE ONE, LLC

Current Principal Place of Business:

150 S.E. SECOND AVENUE, SUITE 1202
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

150 S.E. SECOND AVENUE, SUITE 1202
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-8763682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, LYNN C
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MM FRIENDSHIP VILLAGE ONE LLC
Address: 150 SE 2ND AVENUE SUITE 1202
City-St-Zip: MIAMI, FL 33139

Title: MGR () Change (X) Addition
Name: BISCAYNE HOUSING GROUP, LLC
Address: 150 SE 2ND AVENUE, SUITE 1202
City-St-Zip: MIAMI, FL 33139

Title: MGR () Change (X) Addition
Name: COX, MICHAEL C
Address: 150 SE 2ND AVENUE, SUITE 1202
City-St-Zip: MIAMI, FL 33139

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: GONZALO DERAMON

MGR

01/14/2008

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