


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90172 042 ***143.75

DOCUMENT # L07000057397 1. Entity Name SHALOM HOUSING LLC					
Principal Place of Business 8020 S.W. 73 AVE., APT. 299 MIAMI, FL 33143			Mailing Address P.O. BOX 403031 MIAMI BEACH, FL 33140		
2. Principal Place of Business - No P.O. Box # 7441 SW 59 PL.		3. Mailing Address PO BOX 403031			
Suite, Apt. #, etc. APT #1		Suite, Apt. #, etc.			
City & State South Miami FL		City & State Miami Beach FL		4. FEI Number 56-2666849	
Zip 33143		Country		Zip 33140	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JEREZ, OMAR A 8020 S.W. 73 AVE., APT. 299 MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Omara A. Jerez Street Address (P.O. Box Number is Not Acceptable) 7441 SW 59 PL. #1 City South Miami FL Zip Code 33143	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE X Omara A. Jerez (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEREZ, OMAR A 8020 S.W. 73 AVE., APT. 299 MIAMI, FL 33143			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jerez, OMAR A 7441 SW 59 PL. #1 South Miami FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X Omara A. Jerez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	