

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000107372

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** HOUSING TRUST SERVICES, L.L.C.

**Current Principal Place of Business:**

801 W. STATE ROAD 436  
SUITE 2065  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

645 PEACHWOOD DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

801 W. STATE ROAD 436  
SUITE 2065  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 26-3742201      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOLD, GEORGE R JR.  
801 W. STATE ROAD 436  
SUITE 2065  
ALTAMONTE SPRINGS, FL 32714 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  
**Name:** ARNOLD, GEORGE R JR.  
**Address:** 801 W. STATE ROAD 436, SUITE 2065  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

I hereby 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: GEORGE R. ARNOLD, JR.      MGR      02/28/2011

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