2001 UNIFORM BUSINESS REPORT (UBR)

					7					
	MENT # L980(00002552	٠.					•		
THE HOUSING GROUP, L.L.C.						FILED				
1,12 1.0										
Principal Place	o of Business		· · · · · · · · · · · · · · · · · · ·	01 JAN 24 PM 2: 15						
Principal Place of Business Mailing Address 601 BAYSHORE BOULEVARD. SUITE 650 601 BAYSHORE BOULEVAR				TE 650		SECRETARY	ir amenda			
TAMPA FL 33606 TAMPA FL 33606			Ethio, ooi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	SECRETARY C TALLAHASSEE	II SIAIE FI⊝BRIBA			***
				•						
Principal Place of Business 3. Mailing Address										
O de Ann R and		Cuito Apt # cto								-
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI N	umber 59-3542524	-		olied For Applicable]
Zip	Country	Zip . Coun		ry	5. Certif	icate of Status Desired	□ \$5.00	Addi	tional	1 -
-	6. Name and Address of Current	Registered Agent			7. Name	and Address of New Re	Fee Re	quirea		1
			<u></u>	_Name						1-
FUNK, CHARLES B				Street Address	(P.O. Box N	umber is Not Acceptable)				1
601 BAYS	SHORE BOULEVARD, SUITE 650				······································				1	
IAMIA	£ 33000			City			FL Zip	Code		1
8. The above named entity submits this statement for the purpose of changing its reg						- Latin Color of Class	FL		·	ŀ
8. The above	named entity submits this statement to	or the purpose of changing i	its registere	a onice or registe	ered agent, d	or both, in the State of Fior	ida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (M	OTF: Benictoren	Agent signature require	ad when coinstatin	*	DATE			ļ
	Organization, typed or printed rights or registered agosti					r .	. DATE			
		FILE I Make Check F		EE IS \$50.00 Department						1
·										<u> </u>
9. TITLE	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/0	CHANGES Cha	ange	☐ Addition	ĮŠ.
NAME	FUNK, CHARLES B			•		900003	62368	39	2	(11/
STREET ADDRESS CITY-ST-ZIP	601 Bayshore Boulevard, \$ Tampa Fl 33606	SUITE 650	TE 650 STRE			-02/02	2/010101	.1	005	R2E083 (11/00)
TITLE	MGR	□ Delete	TITLE				:50.00 ** □ ch		50.00 ☐ Addition	CRZE
NAME	MEEHAN, JEFFREY B	ALUTT	NAME	l		\				
STREET ADDRESS CITY-ST-ZIP	601 Bayshore Boulevard, \$ Tampa FL 33606	SUITE 650		ST-ZIP						
_TiTLE		Delete	TITLE	I -				inge	_ Addition_	-
NAME STREET ADDRESS			NAME Stree	T ADDRESS						
CITY-ST-ZIP	,			ST-ZIP						
TITLE NAME		☐ Delete	I TITLE NAME	1		10/	☐ Cha	inge	☐ Addition	
STREET ADDRESS				T ADDRESS		/{/				
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE NAME		Delete	TITLE NAME	ì		•	☐ Cha	ınge	☐ Addition	
STREET ADDRESS	, ! •		STREE	T ADDRESS		•				
CITY-ST-ZIP				ST-ZiP						
title . Name	₹	☐ Delete	TITLE Name			;	☐ Cha	ınge	Addition	
STREET ADDRESS	·			T ADDRESS			;			
CITY-ST-ZIP	ertify that the information supplied with	this filling does not qualified		ST-ZIP	ection 110.0	7/3Vi) Florida Statutos (further certify that	the in	formation	{
indicated limited lial	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have e empowered to execute this	e tre same	legal effect as if a required by Char	made under oter 608. Flo	oath; that I am a managi rida Statutes.	ng member or ma	nager	of the	•
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10,		110	1				_ 1	
SIGNAT		FURR REDU				1/18/01	<u>(813)25</u>		(2)	
	SIGNATURE AND TYPED OR PRINTED NAME O)F SIGNING MANAGING MEMBER, M	IANAGER, ÓR	NOTHORIZED REPRES	ENTATIVE	Date	Daytime Pho	one #	1	l