

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 19, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000000273****1. Entity Name**

TRIAD HOUSING PARTNERS OHIO I, L.L.C.

**Principal Place of Business**

2450 HOLLYWOOD BLVD., SUITE 503

HOLLYWOOD FL  
33020**Mailing Address**

2450 HOLLYWOOD BLVD., SUITE 503

HOLLYWOOD FL  
33020**2. Principal Place of Business**

ONE OAKWOOD BLVD., SUITE 195

Suite, Apt. #, etc.

HOLLYWOOD FL  
33020**3. Mailing Address**

ONE OAKWOOD BLVD., SUITE 195

Suite, Apt. #, etc.

HOLLYWOOD FL  
33020**4. FEI Number****65-0887535****Applied For****Not Applicable****5. Certificate of Status Desired****\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SCHULTZ DAVID A  
10101 SOUTHWEST 5TH STREETPLANTATION FL  
33324 US**7. Name and Address of New Registered Agent****Name**

SCHULTZ DAVID A

**Street Address (P.O. Box Number is Not Acceptable)**

ONE OAKWOOD BLVD., SUITE 195

City  
HOLLYWOOD**FL**Zip Code  
33020**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.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/19/2001**

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE	MEM	<input type="checkbox"/> Delete
NAME	REICH DAVID M	
STREET ADDRESS	2450 HOLLYWOOD BLVD., SUITE 503	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	MEM	<input type="checkbox"/> Delete
NAME	PFEFFER OLIVER B	
STREET ADDRESS	2450 HOLLYWOOD BLVD., STE. #503	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHULTZ DAVID	
STREET ADDRESS	10101 SOUTHWEST 5TH STREET	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REICH DAVID M		
STREET ADDRESS	ONE OAKWOOD BLVD., SUITE 195		
CITY-ST-ZIP	HOLLYWOOD FL 33020		

TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PFEFFER OLIVER B		
STREET ADDRESS	ONE OAKWOOD BLVD., SUITE 195		
CITY-ST-ZIP	HOLLYWOOD FL 33020		

TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULTZ DAVID		
STREET ADDRESS	ONE OAKWOOD BLVD., SUITE 195		
CITY-ST-ZIP	HOLLYWOOD FL 33020		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: OLIVER PEEFFER****MGRM 01/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)