2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# L99000000273

Entity Name: TRIAD HOUSING PARTNERS OHIO I, L.L.C.

Current Principal Place of Business:

ONE OAKWOOD BLVD., SUITE 195
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

ONE OAKWOOD BLVD., SUITE 195
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-0887535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULTZ, DAVID A
ONE OAKWOOD BLVD., SUITE 195
HOLLYWOOD, FL 33020 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	SCHULTZ, DAVID	
Address:	ONE OAKWOOD BLVD., SUITE 195	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	MGRM	( ) Delete
Name:	PFEFFER, OLIVER B	
Address:	ONE OAKWOOD BLVD., SUITE 195	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	MGRM	( ) Delete
Name:	REICH, DAVID M	
Address:	ONE OAKWOOD BLVD., SUITE 195	
City-St-Zip:	HOLLYWOOD, FL 33020	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLIVER PFEFFER MGRM 04/29/2002

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