

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L99000005046

**FILED**  
**Sep 26, 2006**  
**Secretary of State**

**Entity Name:** HOUSING AND DEVELOPMENT SOFTWARE, L.L.C.

**Current Principal Place of Business:**

2685 EXECUTIVE PARK DRIVE  
SUITES 7 & 8  
WESTON, FL 33331

**New Principal Place of Business:**

2685 EXECUTIVE PARK DRIVE  
SUITES 7 & 8  
WESTON, FL 33331 US

**Current Mailing Address:**

2685 EXECUTIVE PARK DRIVE  
SUITES 7 & 8  
WESTON, FL 33331

**New Mailing Address:**

2685 EXECUTIVE PARK DRIVE  
SUITES 7 & 8  
WESTON, FL 33331 US

**FEI Number:** 65-0948796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HATIC, HAAS A  
100 WEST CYPRESS CREEK RD  
STE #700  
FT LAUDERDALE, FL 33309 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 ( ) Delete  
Name: GILSON, MATTHEW J  
Address: 2685 EXECUTIVE PARK DRIVE  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GILSON, CRISTINA M  
Address: 2685 EXECUTIVE PARK DRIVE  
City-St-Zip: WESTON, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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:** CRISTINA M. GILSON, MANAGER

MGR

09/26/2006

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