2000 UNIFORM BUSINESS REPORT (UBR) APPROVED L99000005867 DOCUMENT # 1. Entity Name HOUSING MANAGEMENT ASSOCIATES, L.C. 00 APR 18 AMII: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13396 GONGORA DRIVE 13396 GONGORA DRIVE PENSACOLA FL 32507 PENSACOLA FL 32507-9654 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. $\mathcal{M}\mathcal{M}\mathcal{M}$ City & State Applied For City & State Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAN, JOHN Street Address (P.O. Box Number is Not Acceptable) 13396 GONGORA DRIVE PENSACOLA FL 32507 Zip Code FL 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. Addition MGR ☐ Change Delete TITLE TITLE DEAN, JOHN RAME 13396 GONGORA DRIVE STREET ADDRESS PENSACOLA FL 32507 CITY-87-ZIP Addition | Change ☐ Deleta TITLE MAME STREET ADDRESS CITY-ST-ZIP

\$TREET ACORESS CITY-ST-ZIJ TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete TITLE TITLE -05/03/00--011 MAME MAME *****50.00 STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-7IP Addition Change Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY; ST-ZIP Addition | ☐ Change ☐ Delete TITLE TITI F NAME . MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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 SIZNA JRE REQUIRED

4-13-10

850-433-0091

BNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

Davtime Phor