

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005867

FILED
Jan 10, 2006
Secretary of State

Entity Name: HOUSING MANAGEMENT ASSOCIATES, L.C.

Current Principal Place of Business:

4850 MOBILE HWY
PENSACOLA, FL 32506

New Principal Place of Business:

11 EDSION DRIVE
PENSACOLA, FL 32505

Current Mailing Address:

4850 MOBILE HWY
PENSACOLA, FL 32506

New Mailing Address:

11 EDSION DRIVE
PENSACOLA, FL 32505 US

FEI Number: 20-2795399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODWIN, JOYCE MAXINE
11 EDISON DRIVE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

GOODWIN, MAXINE J
11 EDISON DRIVE
PENSACOLA, FL 32505 US

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: MAXINE JOYCE GOODWIN

01/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEAN, JOHN
Address: 4850 MOBILE HIGHWAY
City-St-Zip: PENSACOLA, FL 32506

Title: MGR (X) Delete
Name: GOODWIN, MAXINE
Address: 4850 MOBILE HIGHWAY
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOODWIN, MAXINE J MGRM
Address: 11 EDSION DRIVE
City-St-Zip: PENSACOLA, FL 32505 US

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 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: MAXINE J GOODWIN

MGRM

01/10/2006

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