2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000005867

Entity Name: HOUSING MANAGEMENT ASSOCIATES, L.C.

FILED May 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5000 MOBILE HIGHWAY SUITE 5 1008 W GARDEN STREET PENSACOLA, FL 32506 PENSACOLA, FL 32502

Current Mailing Address: New Mailing Address:

5000 MOBILE HIGHWAY SUITE 5 1008 W GARDEN STREET PENSACOLA, FL 32506 PENSACOLA, FL 32502

FEI Number: 20-2795399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GOODWIN, MAXINE J
5000 MOBILE HWY STE 5
PENSACOLA, FL 32506 US
GOODWIN, MAXINE J
1008 W GARDEN STREET
PENSACOLA, FL 32502 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 J GOODWIN 05/19/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete GOODWIN, MAXINE J MGRM GOODWIN, MAXINE J MGRM Name: Name: Address: 5000 MOBILE HWY STE 5 Address: 1008 W GARDEN STREET City-St-Zip: PENSACOLA, FL 32506 US City-St-Zip: PENSACOLA, FL 32502 US

I hereby certify that the information supplied with this filing does not qualify 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 MGR 05/19/2009