## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # M01000002003

1. Entity Name ELCO HOUSING PARTNERS, LLC



FILED Aug 02, 2004 8:00 am Secretary of State 08-02-2004 90114 018 \*\*\*\*50.00

Parce of Business   6420 S.W. MACADMA NVE. SUITE 100   652-1037585   6420 S.W. MACADMA NVE. SUITE 100   6420 S.W. MACADMA NVE. SUITE 100 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324   6420 S.W. MACADMA NVE. SUITE 100   6420 S.W. MACADMA NVE. SUITE 100 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324   6420 S.W. MACADMA NVE. SUITE 100 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324   6420 S.W. MACADMA NVE. SUITE 100 SOUTH PINE ISLAND ROAD PLANTATION SUITE 100 SOUTH PINE ISLAND ROAD	6420 S.W. MACADAM PORTLAND, OR 9723  2. Principal Place of BL.  Suite, Apt. #, etc.  City & State  Zip  6. Na  C T CORPORATION 1200 SOUTH PINIPLANTATION, FL.  8. The above named et the obligations of retails Signature. In	Country  me and Address of Current F  DN SYSTEM E ISLAND ROAD 333324	6420 S.W. MACADAM A PORTLAND, OR 97239  3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country Name	07262004  4. FEI Number 65-105  5. Certificate  7. Name and	Chg-LLC C er 7585 of Status Desired [ Address of New Regis	\$5.00 Fee Re	Applied For Not Applicable Additional			
\$420 S.W. MACADAM AVE., SUITE 100   PORTLAND, OR 97239   Portland, OR	6420 S.W. MACADAM PORTLAND, OR 9723  2. Principal Place of Bushite, Apt. #, etc.  City & State  Zip  6. Na  C T CORPORATION 1200 SOUTH PINIPLANTATION, FL  8. The above named enthe obligations of reconstructions.	Country  me and Address of Current F  DN SYSTEM E ISLAND ROAD 333324	PORTLAND, OR 97239  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	Country Name	07262004  4. FEI Number 65-105  5. Certificate  7. Name and	Chg-LLC C er 7585 of Status Desired [ Address of New Regis	\$5.00 Fee Re	Applied For Not Applicable Additional			
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City & State  City & Country  City Country  City Corporation System  1.200 SOUTH Pline I SLAND ROAD  PLANTATION, FL 33324  City FL Zip Code  8. Time above named entity submits this statement for the purpose of changing its registered diffice or registered agent, the obligations of registered agent.  Signature, hope to present agent and that appearance in the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature  Filling Fee is \$50.00  Due by September 8, 2004  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  FILING MGRM  AMERICAN PACIFIC PROPERTIES, INC.  SIRET ADDRESS  CITY-51-2P  CITY ST-2P  CITY-51-2P	City & State  Zip  6. Na  C T CORPORATION 1200 SOUTH PINI PLANTATION, FL  8. The above named et the obligations of regulations of regulations. In the state of th	me and Address of Current F DN SYSTEM E ISLAND ROAD 33324	City & State	Name	4. FEI Numbe 65-105 5. Certificate 7. Name and	er 7585 of Status Desired [ Address of New Regis	\$5.00 Fee Re	Applied For Not Applicable  Additional			
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S. Name and Address of Current Registered Agent  C.T. CORPORATion NYSTEM 1200 SOUTH PINE: ISLAND ROAD PLANTATION, FL 33324  City  City  FL  Zip Code  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by September 8, 2004  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  FILITE  MARE CHECK paysible to: Riorida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  10. Change   Addition   MAKE  10. ADDITIONS/CHANGES  10. Change   Addition   MAKE  10. MARE  10. Change   Addition   MAKE  10. Change	6. Na C T CORPORATION 1200 SOUTH PINI PLANTATION, FL  8. The above named et the obligations of ret SIGNATURE Signature, by	me and Address of Current F DN SYSTEM E ISLAND ROAD 33324		Name	7. Name and	Address of New Regis	Fee Re				
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Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	1200 SOUTH PINI PLANTATION, FL  8. The above named enthe obligations of regulations of regulations of regulations of regulations. Signature, by	E ISLAND ROAD 33324		Street Add	dress (P.O. Box Numb	er is Not Acceptable)					
City   FL   Zip Code	8. The above named en the obligations of regular SIGNATURE  Signature, by	33324					Address (P.O. Box Number is Not Acceptable)				
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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	<ol> <li>I hereby certify that indicated on this re- limited liability com</li> </ol>	, 1	, , , , , , , , , , , , , , , , , , , ,			·					