

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # M03000001924

1. Entity Name
PATRICK FAMILY HOUSING, LLC



Principal Place of Business
74 CAMBRIDGE ST
MERIDEN, CT 06450

Mailing Address
74 CAMBRIDGE ST
MERIDEN, CT 06450



04262007 No Chg-LLC

CP2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3881879

Applied For:
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PFH MANAGEMENT, LLC 200 PRATT STREET MERIDEN, CT 06450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000751417
05/18/07-80102-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

Salvatore R. Carabetta Duly Authorized 4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Print Name