

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000004950

1. Entity Name
HABITAT AMERICA, LLC



Principal Place of Business
175 ADMIRAL COCHRANE DRIVE, SUITE 202
ANNAPOLIS, MD 21401

Mailing Address
175 ADMIRAL COCHRANE DRIVE, SUITE 202
ANNAPOLIS, MD 21401



07092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1851030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, CATHERINE J 175 ADMIRAL COCHRANE DRIVE, SUITE 202 ANNAPOLIS, MD 21401
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07/31/07-80003-002 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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #