Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KISSIMMEE LEASED HOUSING ASSOCIATES SLP I, LLC

AUG

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COVER LETTER

TO: Registration Section

Division of Corporations

Kissimmee Leased Housing Associates SLP i, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nora McGreevy

Name of Person

Winthrop & Weinstine, P.A.

Firm/Company

225 S. 6th Street, Suite 3500

Address

Minneapolis, MN 55402

City/State and Zip Code

nmcgreevy@winthrop.com

B-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nora McGreevy

at (612 \604-6465

Name of Person

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Taliahassee, Fiorida 32301

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

Pling Pco

1 \$30 Piling Peo & Certificate of Status

■ \$55.00 Filing Fee &

Certified Copy

🗆 \$60 Piling Pcc, Certificate of Status & Certified Copy

CR2B123(8/07)

APPIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability con Department of State-is: KISSIMMER LE	mpany as it appears on the records of the Piorida LASED HOUSING ASSOCIATES SUP 1, LLC
2. This entity was formed under the la	WS Of: Minnesola
3. This entity was authorized to transa	
and its Piorida document/registration n	umber is M11000000485
4. The name and address of each mans	ager or managing member is as follows:
Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MOR	Amend E. Brachman
	2905 Northwest Bouleverd, Suite 150
	Plymouth, MN 55441
MOR	Paul R. Sween
	2905 Northwest Boulevard, Suito 150
	Plymouth, MN 55441
MGR	Mark 8. Moortouse
	2905 Northwest Boulevard, Suite 160
	Plymouth, MN 56441
·	***************************************
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30/11/6	
Required Signature;	
Cionaturo of Branchino of Branch	iger, Managing Member or Member

Filing Fee: \$25