## 2005 LIMITED LIABILITY COMPANY

## Mar 29, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M97000000749** 03-29-2005 90118 044 \*\*\*\*50.00 1. Entity Name ASSOCIATES HOUSING FINANCE, LLC Principal Place of Business Mailing Address 250 CARPENTER FREEWAY 300 ST. PAUL PIERCE IRVING, TX 75062 **BSPIOD** BALTIMORE, MD 2. Principal Place of Business 3. Mailing Address 388 SA. Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For 75-2731850 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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, 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 May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. PD TITLE Delete TITLE □ Change Addition NAME GUTHRIE, ROY A NAME 250 CARPENTER FREEWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IRVING, TX 75062 CITY-ST-ZIP SD TITLE Delete Change ☐ Addition COSTAS, STEPHEN J NAME NAME pington Blid STREET ADDRESS STREET ADDRESS 250 CARPENTER FREEWAY CITY-ST-ZIP **IRVING, TX 75062** CITY-ST-ZIP VP Change ☐ Addition TITLE ☐ Delete NAME DAVIS, LINDA S NAME 300 ST. PAUL PLACE STREET ADDRESS STREET ADDRESS BALTIMORE, MD 21202 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, KEVIN STREET ADDRESS 388 GREENWICH ST. STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10013 CITY-ST-ZIP TITLE Delete Change ☐ Addition SLETTEN, MICHAEL W NAME NAME 250 CARPENTER FREEWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **IRVING, TX 75062** CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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

FILED