## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 04, 2008 8:00 am Secretary of State **DOCUMENT # M97000000749** 04-04-2008 90135 037 \*\*\*138.75 ASSÓCIATES HOUSING FINANCE, LLC Principal Place of Business Mailing Address 4000 REGENT BLVD 300 SAINT PAUL PLACE 60019714 IRVING, TX 75063 BALTIMORE, MD 21202 US 2. Princinal Place of Rusiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 75-2731850 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES · .MANAGING MEMBERS/MANAGERS 10. 9. CEOD TITLE Change ☐ Addition TITLE ☐ Delete FETNER, ROBERT S -NAME NAME 4000 REGENT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **IRVING, TX 75063** CITY-ST-ZIP Change ☐ Delete TaTLE Addition MEDINA, DAVID NAME STREET ADDRESS 750 WASHINGTON BOULEVARD STREET ADDRESS CITY-ST-ZIP STAMFORD, CT 06901 CITY-ST-ZIP Delete ☐ Addition Change TITLE TITLE DAVIS, LINDA S NAME NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BALTIMORE, MD 21202 Delete TITLE ☐ Addition TITLE AS NAME CANEDY, K.A. NAME 390 St. PAUL PLACE BALTIMORE, MD 21282 STREET ADDRESS STREET ADDRESS 250 CARPENTER FREEWAY CITY-ST-ZIP CITY-ST-ZIP IRVING, TX 75062 Change THILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STPEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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.

DOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AU