

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000006485

**FILED**  
**Mar 30, 2021**  
**Secretary of State**  
**6150621787CC**

**Entity Name:** KISSIMMEE LEASED HOUSING ASSOCIATES SLP I, LLC

**Current Principal Place of Business:**

2905 NORTHWEST BOULEVARD  
SUITE 150  
PLYMOUTH, MN 55441

**Current Mailing Address:**

2905 NORTHWEST BOULEVARD  
SUITE 150  
PLYMOUTH, MN 55441 US

**FEI Number:** 45-4824087

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BRACHMAN, ARMAND E.  
Address        2905 NORTHWEST BOULEVARD  
                  SUITE 150  
City-State-Zip: PLYMOUTH MN 55441

Title           MANAGER  
Name           SWEEN, PAUL R.  
Address        2905 NORTHWEST BOULEVARD  
                  SUITE 150  
City-State-Zip: PLYMOUTH MN 55441

Title           MANAGER  
Name           MOORHOUSE, MARK S.  
Address        2905 NORTHWEST BOULEVARD  
                  SUITE 150  
City-State-Zip: PLYMOUTH MN 55441

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL R. SWEEN

**MANAGER**

**03/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date