


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Feb 25, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L02000010407**  
1. Entity Name  
**PRIDELAND CUSTOM HOMES LLC**



Principal Place of Business      Mailing Address  
**4400 3RD ISLE DRIVE  
SPRING HILL FL 34607**      **P.O. BOX 26  
WEBSTER NY 14580**



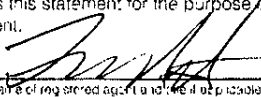
2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

**6. Name and Address of Current Registered Agent**  
**D'ANGELO, FRANK  
4400 3RD ISLE DR  
SPRING HILL FL 34607**

4. FEI Number      Applied For  
**04-3692307**      No: Applicable  
5. Certificate of Status Desired       **\$5.00 Additional  
Fee Required**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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:       DATE: **2/20/08**  
Signature typed or printed name of registered agent is to be filed if applicable. (NOTE: Registered Agent's fee is required when registering.)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	D'ANGELO, FRANK	4400 3RD ISLE DRIVE	SPRING HILL FL 34607	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**       DATE: **2/20/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Day 1 of Page 1