#### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L02000033825

1. Entity Name FORESITE HOMES, LLC

Principal Place of Business

Mailing Address

138 6TH AVENUE SOUTH NAPLES, FL 34102 138 6TH AVENUE SOUTH NAPLES, FL 34102

## 

FILED

Aug 04, 2004 08:00 AM Secretary of State

08012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3768089

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulated

6. Name and Address of Current Registered Agent

OATES, MARC F P.A. 10001 TAMIAMI TRAIL NORTH, SUITE 119 NAPLES, FL 34108

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8. The above named entity submits this statement for the purpose of changing its registered of	ffice or registered agent, or both, in the State of Florida. I am	lamiliar 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 reinstaling)

DATE

#### Filing Fee is \$50.00 Due by September 8, 2004

000000169301 08/04/04-80001-016 50.00

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ĺ	9.	MANAGING MEMBERS/MANAGERS	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTERA, STEVEN C 138 6TH AVENUE SOUTH NAPLES, FL 34102	
	TITLE NAME STREET ADDRESS CRYST-ZIP	MGRM GRIFFIN, GREG A JR 8904 VENTRUA WAY NAPLES, FL 34109	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-SI-ZIP		
	TITLE NAME STREET ADDRESS		

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 emptivered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-\$7-ZIP

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

3/1/04

239-921-1741

Daytime Phone #