


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90281 043 \*\*\*\*50.00

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|   |                         |                                 |  |   |                                      |
|---|-------------------------|---------------------------------|--|---|--------------------------------------|
| <b>DOCUMENT # L04000017358</b>  |                         |                                 |  |                |                                      |
| 1. Entity Name<br><b>WROXTON HOMES, LLC</b>   |                         |                                 |  |   |                                      |
| Principal Place of Business<br><b>690 N.E. 3RD AVE.<br/>SUITE 103<br/>CRYSTAL RIVER, FL 34428</b>   |                         |                                 | Mailing Address<br><b>POST OFFICE BOX 1829<br/>CRYSTAL RIVER, FL 34423</b> |   |                                      |
| 2. Principal Place of Business  |                         | 3. Mailing Address              |  |   |                                      |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.             |  |   |                                      |
| City & State  |                         | City & State                    |  | 4. FEI Number<br><b>20-0788227</b>  |                                      |
| Zip   | Country                 | Zip                             | Country  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                      |
| 6. Name and Address of Current Registered Agent<br><b>FOWLER, KERRY L<br/>6618 S. BEAGLE DR.<br/>HOMOSASSA, FL 34446</b>  |                         |                                 | 7. Name and Address of New Registered Agent                                |   |                                      |
| Name  |                         |                                 | Name   |   |                                      |
| Street Address (P.O. Box Number is Not Acceptable)  |                         |                                 | Street Address (P.O. Box Number is Not Acceptable)                         |   |                                      |
| City  |                         |                                 | City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                         |                                 |  |   |                                      |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>   |                         |                                 |  | <b>Make check payable to Florida Department of State</b>  |                                      |
| 9. MANAGING MEMBERS/MANAGERS  |                         |                                 | 10. ADDITIONS/CHANGES  |   |                                      |
| TITLE   | MGRM                    | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME  | ROSSELET, MICHAEL R     |                                 | NAME   |   |                                      |
| STREET ADDRESS  | POST OFFICE BOX 1829    |                                 | STREET ADDRESS   |   |                                      |
| CITY-ST-ZIP   | CRYSTAL RIVER, FL 34423 |                                 | CITY-ST-ZIP  |   |                                      |
| TITLE   | MGRM                    | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME  | FOWLER, KERRY L         |                                 | NAME   |   |                                      |
| STREET ADDRESS  | POST OFFICE BOX 1193    |                                 | STREET ADDRESS   |   |                                      |
| CITY-ST-ZIP   | CRYSTAL RIVER, FL 34423 |                                 | CITY-ST-ZIP  |   |                                      |
| TITLE   |                         | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME  |                         |                                 | NAME   |   |                                      |
| STREET ADDRESS  |                         |                                 | STREET ADDRESS   |   |                                      |
| CITY-ST-ZIP   |                         |                                 | CITY-ST-ZIP  |   |                                      |
| TITLE   |                         | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME  |                         |                                 | NAME   |   |                                      |
| STREET ADDRESS  |                         |                                 | STREET ADDRESS   |   |                                      |
| CITY-ST-ZIP   |                         |                                 | CITY-ST-ZIP  |   |                                      |
| TITLE   |                         | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME  |                         |                                 | NAME   |   |                                      |
| STREET ADDRESS  |                         |                                 | STREET ADDRESS   |   |                                      |
| CITY-ST-ZIP   |                         |                                 | CITY-ST-ZIP  |   |                                      |
| 11. I hereby certify that the information supplied with this filing 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. |                         |                                 |  |   |                                      |
| SIGNATURE: <i>Kerry L Fowler</i>  |                         |                                 | Date: <b>4-6-05</b>  |   | Daytime Phone #: <b>362-228-9223</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                         |                                 |  |   |                                      |