2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L04000019181

Entity Name: HALCYON HOMES, LLC

Current Principal Place of Business:

4116 W LEONA ST
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4116 W LEONA ST
TAMPA, FL 33629

New Mailing Address:

FEI Number: 02-0722496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BATES, CHRISTOPHER
4116 W LEONA ST
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BATES, CHRIS
Address: 4116 W LEONA ST
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete
Name: BATES, KIMBERLY
Address: 4116 W LEONA ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHRISTOPHER BATES MGRM 05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date