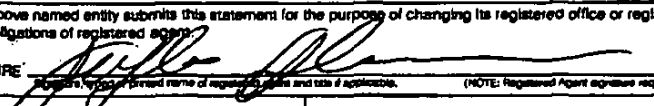


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

04-27-2007 90038 030 ****50.00

DOCUMENT # L04000081834					
1. Entity Name CUFFLEY HOMES L.L.C.					
Principal Place of Business 25 HOMESTEAD ROAD UNIT 5 LEHIGH ACRES, FL 33936			Mailing Address 25 HOMESTEAD ROAD UNIT 5 LEHIGH ACRES, FL 33936		
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	4. FEI Number 20-2180749	
5. Certificate of Status Desired ☐				Applied For ☐ \$5.00 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent RANDOLPH, MICHAEL D ESQ. 1819 JACKSON STREET UNIT 5 FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name Alfredo Andrade Street Address (P.O. Box Number is Not Acceptable) 25 Homestead Road Unit 5 City Lehigh Acres FL Zip Code 33936		
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  (NOTE: Registered Agent signature required when reappointing) DATE 4/26-07					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRADE, ALFREDO 25 HOMESTEAD ROAD, UNIT 5 LEHIGH ACRES, FL 33838 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGLANDS, IRENE J 25 HOMESTEAD ROAD, UNIT 5 LEHIGH ACRES, FL 33838 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 5/14-07					