

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035267

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** STEAM PROPERTIES, LLC

**Current Principal Place of Business:**

1155 SOUTH SEMORAN BLVD., STE. 1120  
WINTER PARK, FL 32792

**New Principal Place of Business:**

393 OLD ALEMANY PLACE  
OVIEDO, FL 32765

**Current Mailing Address:**

1155 SOUTH SEMORAN BLVD., STE. 1120  
WINTER PARK, FL 32792

**New Mailing Address:**

393 OLD ALEMANY PLACE  
OVIEDO, FL 32765

FEI Number: 20-4831316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LIOCE, DOMENICK R  
1645 PALM BEACH LAKES BLVD., STE. 1200  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

HISS, STEVEN F  
393 OLD ALEMANY PLACE  
OVIEDO, FL 32765 US

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: STEVEN HISS

03/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ENGINEERED HOMES OF ORLANDO INC.  
Address: 1155 S SEMORAN BLVD STE 1120  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ENGINEERED HOMES OF ORLANDO INC.  
Address: 393 OLD ALEMANY PLACE  
City-St-Zip: OVIEDO, FL 32765

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: STEVEN HISS

CFO

03/17/2009

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