



**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90433 040 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

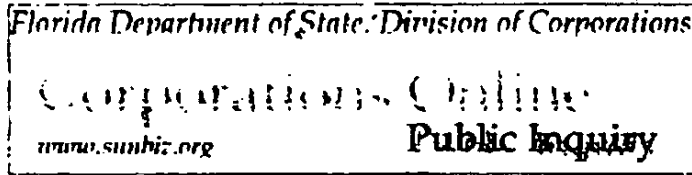
<b>DOCUMENT # L06000119391</b>			
1. Entity Name <b>CHARLIE JOHNSON HOMES, LLC</b>			
Principal Place of Business 18650 U.S. HWY. 441 MT. DORA, FL 32757		Mailing Address 18650 U.S. HWY. 441 MT. DORA, FL 32757	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-8189058</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$3.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE. SUITE 1000 (JGH) ORLANDO, FL 32801-5403		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>NOTE: Registered Agent signature required when reappointing</small>	
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 <b>OWNER</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>CHARLIE JOHNSON OWNER, JR</b> <b>18650 U.S. HWY 441</b> <b>MT. DORA, FL 32757</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PRES</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>CHERYL LYDORRE - PRESIDENT</b> <b>SAME AS ABOVE</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>CARL LYDORRE - VP</b> <b>SAME AS ABOVE</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>OWNER</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>CORPORATION COMPANY OF ORLANDO</b> <b>300 S. ORANGE AVE</b> <b>ORLANDO, FL 32801</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____	

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03182007 Chg-LLC CF2E063 (12/06)

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Florida Limited Liability

CHARLIE JOHNSON HOMES, LLC

PRINCIPAL ADDRESS

18650 U.S. HWY. 441  
MT. DORA FL 32757

MAILING ADDRESS

18650 U.S. HWY. 441  
MT. DORA FL 32757

Document Number  
L06000119391

State  
FL

Total Contribution  
0.00

FEI Number  
NONE

Status  
ACTIVE

Date Filed  
12/15/2006

Effective Date  
NONE

Registered Agent

Name & Address
CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE. SUITE 1000 (JGH) ORLANDO FL 32801-5403

Manager/Member Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date