## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L00000011470** 03-15-2005 90350 049 \*\*\*\*50.00 IMAGINATION HOMES, LLC Principal Place of Business Mailing Address 19455 NW 79 PL. 19455 NW 79 PL. MIAMI, FL 33015 MIAMI, FL 33015 01142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1055370 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, LUIS M DO NOT WRITE 19800 NW 86 CT MIAMI, FL 33015 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulaed when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR RODRIGUEZ, LUIS M NAME STREET ADDRESS 19800 NW 86 CT CITY-ST-ZIP MIAMI, FL 33015 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 poport as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CATY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2014CK

305-829-8261

Daytime Phone

FILED Mar 15, 2005 8:00 am