

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006324

**FILED**  
**Apr 05, 2007**  
**Secretary of State**

**Entity Name:** UNIQUE FLORIDA HOMES LLC

**Current Principal Place of Business:**

541 EAGLE POINTE SOUTH  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

109 MADIERA BEACH BLVD TERRA VERDE  
SUITE 4  
KISSIMMEE, FL 34746

**Current Mailing Address:**

541 EAGLE POINTE SOUTH  
KISSIMMEE, FL 34746

**New Mailing Address:**

109 MADIERA BEACH BLVD TERRA VERDE  
SUITE 4  
KISSIMMEE, FL 34746

**FEI Number:** 59-3650145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: GREENHALGH, JOHN D  
Address: 541 EAGLE POINTE SOUTH  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR ( ) Delete  
Name: GREENHALGH, SUSAN  
Address: 541 EAGLE POINTE SOUTH  
City-St-Zip: KISSIMMEE, FL 34746

**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 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:** JOHN D GREENHALGH

MR

04/05/2007

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