# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**Secretary of State**

DOCUMENT# L00000006783

**Entity Name:** TERRY O'CONNOR HOMES, L.L.C.

**Current Principal Place of Business:**

2033 MAIN STREET, SUITE 600
SARASOTA, FL 342771827

**New Principal Place of Business:**

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

**Current Mailing Address:**

2033 MAIN STREET, SUITE 600
SARASOTA, FL 342771827

**New Mailing Address:**

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

**FEI Number: 65-1016664** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PFLUGNER, J. GEOFFREY
2033 MAIN STREET, SUITE 600
SARASOTA, FL 342771827 US

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

PFLUGNER, J. GEOFFREY
8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 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: J GEOFFREY PFLUGNER 04/27/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: O'CONNOR, TERRY
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: O'CONNOR, TERRY
Address: 8470 ENTERPRISE CIRCLE SUITE 201
City-St-Zip: BRADENTON, FL 34202 US

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: TERRY O'CONNOR MGR 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date