

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000010532

FILED
Nov 12, 2008
Secretary of State**Entity Name:** SOUTHEAST BONDED HOMEBUILDER WARRANTY ASSOCIATION, L.L.C.**Current Principal Place of Business:**245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202**New Principal Place of Business:****Current Mailing Address:**245 RIVERSIDE AVENUE, SUITE 500
ATTN: LEGAL DEPT.
JACKSONVILLE, FL 32202**New Mailing Address:****FEI Number:** 65-1036401**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 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: GREENE, WM. BRITTON
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202**Title:** MGR () Delete
Name: MCCALMONT, WILLIAM S
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: CONNOLLY, JANNA L
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: JANNA L. CONNOLLY

MGR

11/12/2008

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