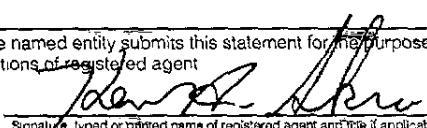
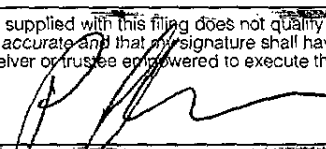


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000614			
1. Entity Name CENACLE CUSTOM HOMES, L.L.C.			
Principal Place of Business 2100 TRADE CENTER WAY SUITE D NAPLES, FL 34109		Mailing Address 2100 TRADE CENTER WAY SUITE D NAPLES, FL 34109	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKRIVAN, KENT A ESQ. RUTZEL LONG 802 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		DATE 4-21-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUSUMANO, PATSY 2100 TRADE CENTER WAY, STE D NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000332031 04/26/05-80043-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUSUMANO, DONNA 2100 TRADE CENTER WAY, STE D NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		1-13-05 239-594-798	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

