2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP UDITER FL 33477 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	1. Entity Nam	ne	# L0100000113 HOMES, L.C.			Apr 28, 2005 08:00 AM Secretary of State					
SUITE 417 2. Principal Place of Business Suite, API #, etc Suite, AP	Principal Plac	e of Busines:	\$	Mailing Address					-		
2. Principal Pace of Business 3. Mailing Address 4. PEI Number CR2EDES (10/04) Suite, April Febr. Suite, Address of New Registered Agent. LEFKOWITZ HYMAN, SHERRY 200 ADMIRALS COVE BLVD. SUITE 417 JUPITER L. 33477 LEFKOWITZ HYMAN, SHERRY 200 ADMIRALS COVE BLVD. Suite Address (P.O. Box Number is Not Acceptable) Sinest Address (P.O. Box Number is Not Acceptable) Sinest Address (P.O. Box Number is Not Acceptable) FL		ALS COVE I	BLVD.								
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S. Certificate of Sarate Desired Face Required Face Requ	City & State			City & State			4. FEI Nun	65-1077845		- F F-	<u>-</u>
S. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Cour	ntry	5. Certifica	te of Status Desired			
LEFKOWITZ HYMAN, SHERRY 200 ADMIRALS COVE BLVD. SUITE 417 JUPITER FL 33477 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the purpose of change of Florida Papartment of State SIGNATURE		6. Name	and Address of Current	Registered Agent		<u></u>	7. Name a	nd Address of New R			
200 ADMIRALS COVE BLVD. SUITE 417 JUPITER FL 33477 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 STORATURE			LIVAAAN OUTDOW			Name					
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FILE NOW!! FEE IS \$5.0.0. Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES INTELL NOW!! FEE IS \$5.0.0. MGRM PRANKEL ENTERPRISES, L.C. 200 ADMIRALS COVE BLVD., #417 UIPTER FL 33477 THE NAME SIRET ADDRESS CITY 51-7P THE NAME SINCHARDERS THE NAME SIRET ADDRESS CITY 51-7P THE NAME SIRET ADDRE				r the purpose of changing its	register	ed office or registe	ered agent, or I	ooth, in the State of Flo	rida. I am fa	miliar with,	and accep
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