2006 LIMITED LIABILITY COMPANY

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-01-2006 90061 030 ****50.00 **DOCUMENT # L01000002612** DEERCREEK, L.L.C. 20040571 Principal Place of Business Mailing Address 25 E 13TH STREET P.O. BOX 2253 DOTHAN, AL 36302 SUITE 5 SAINT CLOUD, FL 34769 04272006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3728370 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GUERINO, JAMES R DO NOT WRITE 2858 REMINGTON GREEN CIR TALLAHASSEE, FL 32308 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME WIREGRASS HOMEBUILDER, INC. 1312 SOUIX STREET STREET ADDRESS CITY-ST-ZIP DOTHAN, AL 36303 TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

FILED

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE