

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002991

FILED
Feb 13, 2006
Secretary of State

Entity Name: ARTISIAN EXECUTIVE HOMES, LLC

Current Principal Place of Business:

13929 WALDEN SHEFFIELD RD
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

13929 WALDEN SHEFFIELD RD
DOVER, FL 33527 US

New Mailing Address:

FEI Number: 59-3702783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM A
13929 WALDEN SHEFFIELD RD
DOVER, FL 33527 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: MGRM () Delete
Name: SMITH, WILLIAM A
Address: 13929 WALDEN SHEFFIELD RD
City-St-Zip: DOVER, FL 33527

Title: MGRM () Delete
Name: SMITH, CHERYL C
Address: 13929 WALDEN SHEFFIELD RD
City-St-Zip: DOVER, FL 33527

Title: MGR () Delete
Name: BIEBER, DENNIS H CFO
Address: 436 VINEYARD DRIVE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BIEBER, DENNIS H OP. MGR
Address: 436 VINEYARD DRIVE
City-St-Zip: LAKELAND, FL 33809

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM A. SMITH

MGRM

02/13/2006

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