2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002991

Address:

Title:

Name: Address:

City-St-Zip:

City-St-Zip:

Entity Name: ARTISIAN EXECUTIVE HOMES, LLC

3522 SAM ALLEN OAKS CIRCLE

(X) Delete

WILLIAMS, SHANNON M OP. MGR

DOVER, FL 33527

3016 N DOVER RD

DOVER, FL 33527

MGR

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3522 SAM ALLEN OAKS CIRCLE PLANT CITY, FL 33565 **Current Mailing Address: New Mailing Address:** 3522 SAM ALLEN OAKS CIRCLE PLANT CITY, FL 33565 US FEI Number: 59-3702783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, WILLIAM A 3522 SAM ALLEN OAKS CIRCLE PLANT CITY, FL 33565 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SMITH, WILLIAM A Name: Name: Address: 3522 SAM ALLEN OAKS CIRCLE Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SMITH, CHERYL C Name:

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

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: WILLIAM A. SMITH MGRM 01/31/2008