


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90071 019 ****50.00

DOCUMENT # L01000008118

1. Entity Name
JUST HOMES LLC



Principal Place of Business
**11215 RHONDA AVE
 PORT RICHEY, FL 34668**

Mailing Address
**11215 RHONDA AVE
 PORT RICHEY, FL 34668**

20034733

2. Principal Place of Business
11809 Smith Blvd

3. Mailing Address
11809 Smith Blvd

Suite, Apt. #, etc.

City & State
Hudson, FL

City & State
Hudson, FL

Zip
34667 Country
USA

Zip
34667 Country
USA

04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3728922

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALAMONE, ANTHONY
 11215 RHONDA AVE
 PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
11809 Smith Blvd

City *Hudson* **FL** Zip Code *34667*

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 *[Signature]* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
MGRM Delete

NAME
SALAMONE, ANTHONY MGRM

STREET ADDRESS
11215 RHONDA AVE.

CITY-ST-ZIP
PORT RICHEY, FL 34668

TITLE Change Addition

NAME

STREET ADDRESS
11809 Smith Blvd

CITY-ST-ZIP
Hudson, FL 34667

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

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)(i), 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: *[Signature]* **Anthony Salamone Member** Date *4-13-05* Daytime Phone # *727-869-7889*

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