


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT #</b> L01000008118	
1. Entity Name <b>JUST HOMES LLC</b>	

Principal Place of Business <b>11215 RHONDA AVE PORT RICHEY, FL 34668</b>	Mailing Address <b>11215 RHONDA AVE PORT RICHEY, FL 34668</b>
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**20034733**

2. Principal Place of Business <b>11809 Smith BLVD</b>	3. Mailing Address <b>11809 Smith BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

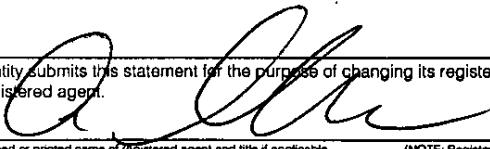
City & State <b>Hudson, FL</b>	City & State <b>Hudson, FL</b>
Zip <b>34667</b>	Zip <b>34667</b>
Country <b>USA</b>	Country <b>USA</b>

04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3728922</b>	Applied For <input type="checkbox"/> Not Applicable
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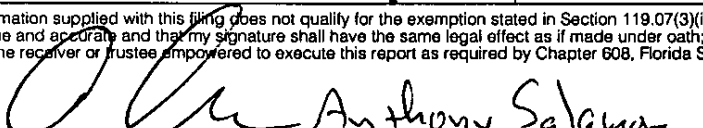
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SALAMONE, ANTHONY 11215 RHONDA AVE PORT RICHEY, FL 34668</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11809 Smith BLVD</b> City <b>Hudson</b> FL Zip Code <b>34667</b>	

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 	DATE

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAMONE, ANTHONY MGRM 11215 RHONDA AVE. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11809 Smith BLVD Hudson, FL 34667</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <b>Anthony Salame</b>	Date <b>4-13-05</b> Phone # <b>727-869-7889</b>