


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90308 007 ****50.00

DOCUMENT # L01000013887		
1. Entity Name I BUY HOMES, LLC		
Principal Place of Business P.O. BOX 16902 TEMPLE TERRACE, FL 33687	Mailing Address 502 NORTH ARMENIA AVENUE TAMPA, FL 33609	



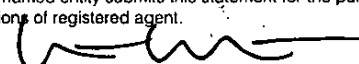
Koehler & Company, P.A.
401 North Howard Avenue
Tampa, FL 33606

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5012007 Chg-LLC CR2E083 (12/06)

FEI Number 59-3743341	Applied For Not Applicable
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Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOEHLER, KEITH W 502 NORTH ARMENIA AVENUE TAMPA, FL 33609		7. Name and Address of New Registered Agent KEITH W. KOEHLER Koehler & Company, P.A. 401 North Howard Avenue Tampa, FL 33606	
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.		Signature with, and accept	
SIGNATURE  5/1/07		DATE	

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEHLER, KEITH 502 NORTH ARMENIA AVENUE TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 N. HOWARD AVE. TAMPA FL 33606 <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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11. I hereby certify that the information supplied with this filing 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:

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

Date

Daytime Phone #

5/1/07 813-250-1200