2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020861

1. Entity Name
TRADITION HOMES, LLC

Principal Place of Business	Mailing Address
1950 NE 27TH AVE. GAINESVILLE, FL 32609 US	1950 NE 27TH AVE. GAINESVILLE, FL 32609 US

03292004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3759349
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROHS, THOMAS J
1950 NE 27TH AVE.
GAINESVILLE, FL 32609

DO NOT WRITE IN THIS SPACE

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
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, 2004

U00000101878
04/02/04-80031-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROHS, THOMAS J
STREET ADDRESS	1950 NE 27TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	MGRM
NAME	COX, JOHN D PHD
STREET ADDRESS	1950 NE 27TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	MGRM
NAME	MARALES, LOUIS A
STREET ADDRESS	1950 NE 27TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3/30/04 352-335-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #