
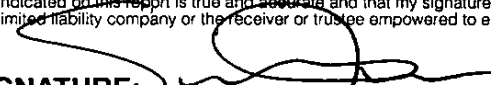


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90035 045 ****50.00

DOCUMENT # L01000021281				
1. Entity Name ADMIRAL HOMES, L.L.C.				
Principal Place of Business 11217 SAN JOSE BLVD., JACKSONVILLE, FL 32223		Mailing Address 11217 SAN JOSE BLVD., JACKSONVILLE, FL 32223		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	04252005 Chg-LLC CR2E083 (10/03)
4. FEI Number 59-3759904				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
NEWTON, CLIFFORD B 10192 SAN JOSE BLVD. JACKSONVILLE, FL 32257			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
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 NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, CHARLES W III 11217 SAN JOSE BLVD., JACKSONVILLE, FL 32223	<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	VP HINSON, DAVID L 11217 SAN JOSE BLVD., JACKSONVILLE, FL 32223	<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	VP SKAFF, DANA R 11217 SAN JOSE BLVD., JACKSONVILLE, FL 32223	<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	ST JOHNSON, SUSAN 11217 SAN JOSE BLVD., JACKSONVILLE, FL 32223	<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 checked="" 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
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: 		SUSAN JOHNSON		4-25-05 904-880-0464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #