


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000022067</b> 1. Entity Name ADDISON CUSTOM HOMES OF ORLANDO, LLC	
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Principal Place of Business 9000 GLEN LAKES BLVD. WEEKI WACHEE, FL 34613	Mailing Address 9000 GLEN LAKES BLVD. WEEKI WACHEE, FL 34613
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**DO NOT WRITE IN THIS SPACE**

01302005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0029886	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  CRAIGHEAD, DAVID 9000 GLEN LAKES BLVD. WEEKI WACHEE, FL 34613	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reissuing) DATE \_\_\_\_\_

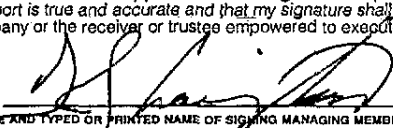
**Filing Fee is \$50.00  
Due by May 1, 2005**

000000279321  
03/28/05-80060-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAIGHEAD, DAVID 9000 GLEN LAKES BLVD. WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMM, DENNIS 9000 GLEN LAKES BLVD. WEEKI WACHEE, FL 34613
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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)(f), 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:**  **3/1/05** **382-597-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #